

Patient Information

Fort Wayne Chiropractic | Gregory J. Hough, D.C.

Patient Last Name _____ First Name _____ Middle Initial _____

Nickname you prefer to go by: _____ Date of Birth _____ / _____ / _____

SS# _____

Gender: M F Marital Status: Married Single Divorced Widowed Partnered

Home Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Primary Number: Home Work Cell Secondary Number: Home Work Cell

Please note: text and email reminders are sent with minimal personal information. These messages are sent securely with our software, but once it reaches your phone it is only as safe as you and your phone company's security.

Please check which source you would prefer for your reminders. You may choose between a text reminder ***OR*** an email reminder.

Provide your **phone carrier** for text appointment reminders: AT&T Sprint Verizon Boost Cricket T-Mobile Other: _____

Provide your **email address** for emailed appointment reminders: _____

All patients are automatically enrolled in CTProPay if cell phone or email information is provided above. CTProPay sends an electronic billing statement to your cell phone and/or email which you can securely pay via text or email. **WE ONLY USE THIS METHOD IF YOUR BALANCE IS 120+ DAYS PAST DUE.** opt out

Your Employer _____ Occupation _____

Emergency Contact _____ Phone Number _____ Relation _____

Whom may we thank for your referral? _____

CONDITION Workers Compensation Related? Yes No Auto Accident Related? Yes No

Informed Consent

A patient, in coming to the chiropractic doctor, gives the doctor permission and authority to care for the patient in accordance with the chiropractic tests, diagnosis, and analysis. The chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problems. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury.

The doctor, of course, will not give any treatment or care if he/she is aware that such care may be contraindicated. It is the responsibility of the patient to make it known, or to learn through healthcare procedures what he/she is suffering from: latent pathological defects, illness or deformities which would otherwise not come to the attention of the chiropractic physician. The chiropractic doctor provides a specialized, non-duplicating health care service. Your doctor of chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regimen. I understand that if I am accepted as a patient by a physician at Fort Wayne Chiropractic I am authorizing them to proceed with any treatment that they deem necessary. Furthermore, any risk involved, regarding chiropractic treatment, will be explained to me upon request.

*Signature _____ Date _____

My Privacy

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read them or declined the opportunity to read them and understand the Notice of Privacy Practices. I understand that these privacy practices will be followed by Fort Wayne Chiropractic to ensure the privacy of my personal health information.

*Signature _____ Date _____