



21ST CENTURY CHIROPRACTIC FAMILY WELLNESS, S.C.

4907 WEST 95TH STREET • OAK LAWN, ILLINOIS 60453
PHONE 708.422.3300 • FAX 708.422.3303



Confidential Patient Health Records

PERSONAL HISTORY

Today's Date: _____

Name: _____

Name of Spouse: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Phone: _____ Cell: _____

Phone: _____

DOB: _____ Age: _____

Cell: _____

Social Security #: _____

Patient's E-mail: _____

Sex: Female Male

Name of Emergency Contact: _____

Name & Ages of Children: _____ ()

Number of Emergency Contact: _____

_____ () ()

Relationship: _____

_____ () ()

Referred to this Office by: _____

_____ () ()

EMPLOYMENT INFORMATION

Business Employer: _____

Spouse's Employer: _____

Occupation: _____

Spouse's Work Phone: _____

Business Phone: _____

Business Fax: _____

INSURANCE INFORMATION

Personal Health Insurance Carrier: _____

Health Card ID#: _____

Insured Person's Name: _____

Group #: _____

Insured Person's Date of Birth: _____

Primary Care Physician: _____

Insured Person's Social Security #: _____

Pharmacy: _____

Who is responsible for your bill? Self Pay
 Auto Insurance Spouse
 Worker's Comp. Medicare

This is **NOT** a Work-Related or Worker's Compensation injury.

This is **NOT** an Auto Accident related injury

This is **NOT** a Personal Injury case currently under litigation.

Patient's Signature: _____ Date: _____