# Patient Introduction Card

**Full Name:** ___________________________________________ **Phone Number:** ___________________

**Address:** _________________________________________________________________________________

**City:** ____________________________________ **State:** _____________ **Zip:** ____________

**Date of Birth:** ___________________**Age:** __________ **Circle One:** Married Single Other

**E-Mail Address:** ___________________________________________________________________________

**Occupation:** _____________________________ **Employer:** _______________________________

**Office Address:** ___________________________________________________________________________

**Major Complaint:** _____________________________________________________________________

**How did you hear about our office?** __________________________________________________________

**Would you be interested in further information regarding toxicity cleansing?** YES NO

**Previous chiropractic care?** YES NO **If yes, Doctors name:** _________________

***It is usual and customary to pay for services as rendered unless otherwise arranged.***