



"Welcome to our family practice. We look forward to getting to know you better."

-Drs. Jeffrey & Christina Carter

Patient Introduction Card

Your Name: (Mr. Mrs. Miss. Dr.) _____

Name you prefer us to call you (Nickname): _____


Home Phone: _____ Cell Phone: _____ Work Phone: _____

Preferred Phone Number: Home Work Cell  Permission to text you reminders? Yes No

Your Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

 We promise not to send you spam so make sure to fill this out. We will email you about office closings & schedule changes.

Marital Status: Single Married Widow Other Spouse's Name: _____

Date of Birth: ____ / ____ / ____ Your Age: _____

Occupation: _____ Employer: _____


Have you had previous chiropractic care? No. Yes -----> Long time ago Recently Somewhere in between

Have you had previous massage therapy? No. Yes -----> Long time ago Recently Currently

Main reason for your visit today: _____

Who (or what source) referred you to us? _____

Insurance Information

 Please leave a copy of your insurance card(s) at the front desk.

Name of your insurance company: _____

Primary Person on Insurance Policy: _____

Primary Person on Insurance Policy's Date of Birth: _____

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