

# South Hill Chiropractic

## Confidential Patient Health Information Form

Patient # \_\_\_\_\_

609 39th Ave. SW • Puyallup, WA 98373 • 253.848.6626 • fax 253.848.6937

**Please Complete Fully**

Patient's Name:	Date of Birth (DOB):	
Spouse/Partner's Name:	Social Security Number: XXX - XX -	
Home Street Address:	City/State/Zip:	
Home Phone:	Cell Phone:	Text Address:
Email Address:	Referred by:	
Major Area of Concern: (Reason for Appointment)		

Employer:	Occupation:
Work Street Address:	Work Phone Number:
City/State/Zip:	

Benefits Company:	Group Number/ID Number
Street Address:	Insured Name/DOB (if not patient):
City/State/Zip:	

My Auto Pip Carrier:	My Policy/Claim #:
Date of Injury:	Name of Person who Caused Accident:
Their Auto Insurance:	3rd Party Auto Claim #:

**Agreement with South Hill Chiropractic:** I clearly understand and agree that all charges for services rendered to me are my personal responsibility. Should I suspend or terminate my care, all fees shall be immediately due and payable. All x-rays and records at South Hill Chiropractic are the property of the clinic. I may request, in writing, copies of my records which are \$0.25 per copy and will be provided within 2 weeks of request. **I may request copies of x-ray films from the facility where they were performed.** I certify that I clearly understand all terms of this Agreement and that all information contained herein is true and accurate to the best of my knowledge and ability.

Patient or Guardian of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

### Confidentiality Statement

The information contained on this form is private, privileged, and confidential information intended for the use of the addressee listed above. If you are neither the intended recipient or the employee or agent responsible for safeguarding this information to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking any action in reliance on the content of this telecopied information is strictly prohibited. If you have received this copy in error, please immediately notify us at the above telephone or fax number.