

Today's Date: _____

Date of Injury: _____

Patient Name: _____ Date of Birth: _____ Age: _____ Name of Spouse: _____

Address: _____ City: _____ State: _____ Zip: _____ Email: _____

Phone H: _____ C: _____ Work: _____ Spouse's Phone: _____

SSN: _____ Occupation: _____ Primary Care Physician: _____

Who may we thank for referring you to our office? _____ Have you ever had chiropractic care before? _____

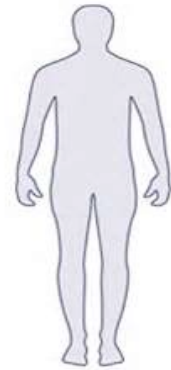
Would you like appointment reminder texts? If yes, please name cell phone carrier. Att verizon t-mobile _____

What Hurts?

How long has it hurt?



FRONT



BACK



Due to the changes in health insurance fees, it is our policy that all payment is due at the time of service. We will courtesy bill your insurance company, but any payment the insurance company pays, will be sent directly to you, and will not be sent to Rabo Health and Wellness. We will provide a courtesy benefits check for you, but reimbursement from your insurance company is between you and and them.

The consultation with Dr. Rabo is free. If you decide to proceed with care, the initial examination is \$71, and full spine x-rays are \$185. The total cost payable today will be \$256. This cost will include the report of findings on your second appointment. If you get adjusted, there will be an additional charge of \$72.

I authorize Rabo Health and Wellness to render any necessary services to me, and I am responsible for all charges incurred.

I understand the information within this form, and I have completed it correctly and to the best of my knowledge.

 Patient Signature

 Date

 Guardian's Signature Authorizing Care

 Date