DuChene Natural Health Center

Patient Registration

If you need any assistance completing this paperwork, just ask. It is our pleasure to help you. We want your visit with us to be comfortable, helpful, and educational.

Patient Contact

Last name			First name		Middle initial
Address			City	Zip Code	
Home phone			Mobile phone		
Work phone			e-mail		
Age	Date of birth	Status ☐ Single ☐ Married ☐ Other		Sex ☐ Male ☐ Female	

Emergency Contact

Name	Home phone
Relationship	Work phone

Spouse or Guardian

Last name	First name	Middle initial
Employer name		
Work phone	Home phone	

How were you referred to our office?	
Family Medical Doctor:	City
Phone number	Zip Code
When doctors work together it benefits you. May we have your permission to update your medical doctor regarding your care at this office?	
Please check any and all insurance coverage that may be applicable in this case: ☐ Major Medical ☐ Medicare ☐Auto Accident ☐ Medical Savings Account & Flex Plans ☐ Other	
Name of Primary Insurance Company:	
Name of Secondary Insurance Company (if any):	

Today we will conduct a thorough history, consultation, and preliminary screening. If we believe we may be able to help you, we may recommend other diagnostic testing necessary to evaluate your condition. If we believe that you will not respond to our care, we will not accept your case ad may refer you to another provider.

I understand and agree to the following:

- A history, consultation, examination, and x-rays are conducted for diagnostic and informational purposes, and I am requesting these services if necessary.
- My case may not be accepted for treatment at this clinic.
- If the doctors believe that I may respond to their care, additional service may be recommended and I will be advised of applicable cost.

patient or guardian signature

date

Assignment of benefits (for insurance benefits)

AUTHORIZATION AND RELEASE: I authorize payment of insurance benefits directly to the chiropractor or chiropractic office. I authorize the doctor to release all information necessary to communicate with personal physicians and other healthcare providers and payors and to secure the payment of benefits. I understand that I am responsible for all costs of chiropractic care, regardless of insurance coverage. I also understand that if I suspend or terminate my schedule of care as determined by my treating doctor, any fees for professional services will be immediately due and payable.

The patient understands and agrees to allow this chiropractic office to use their Patient Health Information for the purpose of treatment, payment, healthcare operations, and coordination of care. We want you to know how your Patient Health Information is going to be used in this office and your rights concerning those records. If you would like to have a more detailed account of our policies and procedures concerning the privacy of your Patient Health Information we encourage you to read the HIPAA NOTICE that is available to you at the front desk before signing this consent. The following person(s) have my permission to receive my personal health information:

Patient's Signature: ____Date: ______________

Guardian's Signature Authorizing Care: _____________________________Date: ______________

Patient Acknowledgement and Receipt of Notice of Privacy Practices Pursuant to HIPAA and Consent for Use of Health Information

The undersigned does hereby acknowledge that he or she has received a copy of this office's Notice of Privacy Practices Pursuant To HIPAA and has been advised that a full copy of this office's HIPAA Compliance Manual is available upon request.

The undersign does hereby consent to the use of his or her health information in a manner consistent with the Notice of Privacy Practices Pursuant to HIPAA, the HIPAA Compliance Manual, State law and Federal Law.

Dated this ______ day of ____________________, 20___

By________________________________ Patient's Signature

If patient is a minor or under a guardianship order as defined by State law:

By________________________________ Signature of Parent/Guardian (circle one)