



10739 Highland Road ~ White Lake, MI 48386
Office : 248.698.9141

PM# _____

Name _____ Gender _____ Date of Birth ____/____/____

Address _____ City/State _____ Zip _____

Home (____) _____ Cell (____) _____ Who can we thank for referring to our office? _____

Marital Status: Married Single Divorced Widowed Separated

Would you like to receive our monthly chiropractic newsletter? Your email will be used for office communications only.

Yes No Email: _____@_____._____

Employer

Employer _____ Occupation _____ May we contact you at work? Yes No

Address _____ City/State _____ Zip _____

Emergency Contacts

Name _____ Relationship _____ Home (____) _____

Cell (____) _____ Work (____) _____ May we contact this person at work? Yes No

Name _____ Relationship _____ Home (____) _____

Cell (____) _____ Work (____) _____ May we contact this person at work? Yes No

Payment

Payment is expected at time of service. Desired method of payment: Cash Check Credit Card HSA/FSA

Consent for Text / Email Notification: By initialing, I give Serenity Family Chiropractic permission to send text/email notifications regarding upcoming appointments and events. Text/email notifications will only be sent to the number or email address given below. Initials _____

I certify that I am the patient listed above. I certify the above information to be true and accurate to the best of my knowledge. I understand that any x-rays taken at this office are the property of Serenity Family Chiropractic, P.C.

Signature

Today's Date