Barnewolt & Barnewolt Chiropractic, P.C.

Patient Demographic Form	**Date:**

Patient Information

Last Name | **First Name** | **Middle Initial** | **Nickname/AKA**

Date of Birth | **Social Security Number** | **Gender:** ☐ Male ☐ Female

Marital Status ☐Married ☐Single ☐Divorced ☐Separated ☐Widowed ☐Other

Race (Optional) ☐Black Non-Hispanic ☐Hispanic White ☐Non-Hispanic ☐Other:

Home Address | **Apt#** | **City** | **State** | **Zip Code**

Home Phone | **Cell Phone** | **Work Phone**

E-mail Address | **Employment Status** ☐Active Military ☐Child ☐Disabled ☐Full-Time ☐Part-Time ☐Homemaker ☐Un-employed ☐Retired ☐Self-Employed ☐Student Full Time ☐Student Part Time ☐Other

Employer | **Employer Phone**

Referral Information

Primary Care Physician | **Referring physician**

How did you hear about us?

Responsible Party (Guarantor) Information

Relationship to Patient ☐Self (skip to emergency/Next of Kin ☐Spouse ☐Parent ☐Other

Last Name | **First Name** | **Middle Initial**

Date of Birth | **Social Security Number**

Home Address | **Apt#** | **City** | **State** | **Zip Code**

Home Phone | **Cell Phone** | **Work Phone**

E-mail Address | **Employment Status** ☐Active Military ☐Child ☐Disabled ☐Full-Time ☐Part-Time ☐Homemaker ☐Un-employed ☐Retired ☐Self-Employed ☐Student Full Time ☐Student Part Time ☐Other

Employer Phone

Emergency/Next of Kin Contact Information

Last Name | **First Name** | **Middle Initial**

Home Address | **Apt#** | **City** | **State** | **Zip Code**

Home Phone | **Cell Phone** | **Other:**

- Completed forms can be faxed to (309)691-6921 prior to appointment.
- If form is faxed, please bring original to appointment.

Doctor initials:_____Date:_____