



WELCOME

The *Whiplash & Injury Clinic* welcomes you and would like to provide you with the best care possible. This is why we conduct an indepth intake questionnaire, a thorough examination and potentially x-rays during your initial visit to our clinic. Based on the intake, examination and potential x-rays, we can best determine if and how we can help you achieve your ideal health status. If, after the intake, examination and potential x-rays, we feel that we cannot help you, we will do our best to refer you onto another healthcare practitioner that may be able to better assist you with your health needs.

PATIENT INFORMATION (Please write ABOVE the lines)

Last Name/First Name/Middle Initial		Social Security		
Name you would like to be called (if different than above)		Gender (M/F)	Marital Status	
Address	City/State/Province	Country	Zip	
Telephone # (home)	(work)	(cellular/mobile)		
Birth Date (Month/Day/Year)	Age	Height	Weight	Right or Left Handed?
Insurance Provider		Policy #	Group #	
Insurance Holder's Name		Relationship to Patient	Insurance Holder's Birth Date	
Medical Doctor (Last Name & First)			Telephone Number	
Attorney			Telephone Number	
Your e-mail address			<input type="checkbox"/> Check box if you do NOT want to receive emails.	
Emergency Contact Person (Name)			Telephone number	
Occupation/Profession		Employed by	Employed Since	
What is your current job status?		Any current restrictions?	Date of Disability Began	
Patient Signature			Signature of parent/guardian if the Patient is a minor	