

 **FAKHOURY MEDICAL AND CHIROPRACTIC CENTER**

1009 SW 16th Lane Ocala, FL 34471

Account# _____

PLEASE PROVIDE US WITH YOUR DRIVER'S LICENSE AND INSURANCE CARD

Name: _____ Nickname: _____

Address: _____ Male Female

City /State/ Zip: _____

Birth date: ____/____/____ Age: _____ SS#: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-mail address: _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Telephone#: _____

Marital Status: Single Married Divorced Widowed

Spouse's Name: _____

Ethnicity: White African American Hispanic/Latino Asian Other _____

Decline to answer

Which of the following activities aggravate your condition: (Please check all that apply)

Standing Sleeping Twisting Sitting Bending Lifting Walking

Sneezing Coughing Lying Down Sexual Activity Other _____

Are the symptoms: Improving Getting Worse About the Same Intermittent (come & go)

I clearly understand that if I am accepted as a patient at Fakhoury Medical and Chiropractic Center, I authorize them to proceed with the treatment as necessary. Any risks regarding such treatment will be explained upon request. I also understand and agree that all services rendered to me are charged directly to me and I am personally responsible for payment. In the case insurance verification is obtained, insurance claims may be filed. I understand that the filing of insurance is not a guarantee of payment, and I remain responsible for the entire amount due. I also understand that if I terminate my care and treatment, any fees for professional services rendered me prior to my termination of care will be immediately due and payable. In the extent of default, I promise to pay legal interest on the indebtedness together with such collection costs and reasonable attorney fees as may be required to effect collection. I hereby attest that the above and all following information is true to the best of my knowledge.

Signature of Patient or Patient's Guardian

Date

Witness

Date

Please let our staff know if you have any questions or need assistance, we are here for you.