

San Antonio Spine & Rehab

"COMPREHENSIVE RELIEF OF BACK AND JOINT PAIN"

CONFIDENTIAL PATIENT INFORMATION

(First, Middle, Last Name) _____ Social Security# _____ - _____ - _____
Date of Injury: _____

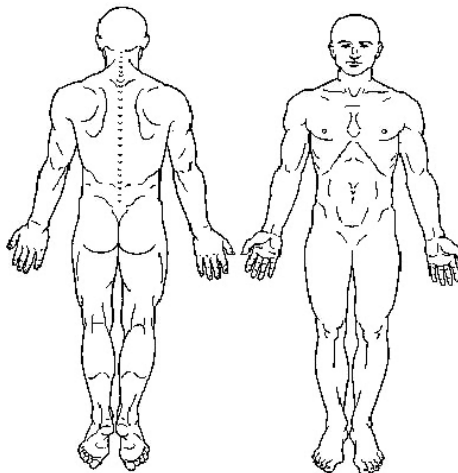
Name: _____ Home Phone: _____
Emergency Phone: _____ Cell Phone: _____
Home Address: _____ City: _____ Zip Code: _____
Age: _____ Birth Date: _____ Marital: M S W D How many children: _____
Employer: _____ Phone: _____
Address: _____
Name Of Spouse Or Parent _____
Nearest Relative (Other than Spouse): _____ Ph#: _____
How Were You Referred To Our Office? Newspaper TV Mail Sign Friend
(Who) _____

SURGERY HISTORY:

Gallbladder, Hernia, Spinal, List Others _____

MAJOR ILLNESS or PREVIOUS ACCIDENT HISTORY:

Diabetes, HBP, Heart, List Other, Injuries, Fractures, List others _____



Are you or is there a possibility you are or may be pregnant? _____

Primary Health Insurance: _____
Insurance Address: _____ Phone#: _____
Group No#: _____

I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable. I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

Patient's Signature _____ Date: _____
Guardian or Spouse's
Signature Authorizing Care _____ Date: _____