

# HEDGLON CHIROPRACTIC CENTER, INC.

1313 East Sample Road  
Pompano Beach, FL 33064

Dr. Paula Rossi Hedglon  
(954) 946-1799

*Welcome to our office!  
You are special and we thank you for your trust!*

Date: \_\_\_\_\_

File No: \_\_\_\_\_

## PATIENT INTRODUCTION CARD

1. Name (last, first, middle): _____	7. Date of birth: _____	8. How young are you? _____
2. Address (street, city state, zip): _____ _____	9. Social Security No.: _____	
3. Telephone: _____ (cell phone) _____	10. Native Language: _____	
4. Employer Name and Address: _____ _____	11. <input type="checkbox"/> Male <input type="checkbox"/> Female 12. <input type="checkbox"/> Married <input type="checkbox"/> Single Spouse's Name: _____	
5. Work Telephone: _____	13. No. of children: _____	
6. E-Mail Address: _____	14. Is it possible you are pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	15. Referred by: _____	

16. Describe your problem. (How and when do you think it started?) \_\_\_\_\_

17. Have you had a prior diagnosis about this?  Yes  No What? \_\_\_\_\_

18. Have you had chiropractic care before?  Yes  No

Where? \_\_\_\_\_

When? \_\_\_\_\_

19. Do you have health insurance?  Yes  No Company \_\_\_\_\_

20. Are you here due to:  an on the job injury  auto accident?

21. Have you ever had any falls, auto accidents or injuries?  Yes  No  
When, Type of Accident, Describe: \_\_\_\_\_

22. Describe any surgery you have had (when and what type): \_\_\_\_\_

23. List any present medications and why you are taking them: \_\_\_\_\_

### **RELEASE AND ASSIGNMENT**

I authorize release of any information necessary of process my insurance claims and assign and request payment directly to my physicians.

**Patient's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_