Northcreek Chiropractic Clinic
Tod D. Thompson, D.C. & Wade C. Scott, D.C.
318 Northcreek Blvd, Suite 300
Goodlettsville, TN 37072
Phone: 615-851-0515 Fax: 615-851-0537

Date: _____

NEW PATIENT REGISTRATION

IN ORDER TO SERVE YOU PROPERLY, WE NEED THE FOLLOWING INFORMATION.
ALL INFORMATION IS STRICTLY CONFIDENTIAL.

DEMOGRAPHIC INFORMATION

PATIENT'S NAME: (LAST, FIRST, MIDDLE)			
ADDRESS:			
CITY, STATE, ZIP:			
HOME PHONE:	**CELL PHONE:**	**E-MAIL:**	
DATE OF BIRTH:	**SSN:**	**SEX:** ❑ Male ❑ Female	**MARITAL STATUS:**
EMPLOYER:		**EMPLOYER PHONE:**	
EMERGENCY CONTACT:	**RELATIONSHIP TO PATIENT:**	**PHONE:**	

INSURANCE INFORMATION

PRIMARY INSURANCE:	**ID NUMBER:**	
GROUP NUMBER:	**PRIMARY INSURED'S NAME:**	**PRIMARY INSURED'S D.O.B:**

SECONDARY INSURANCE:	**ID NUMBER:**	
GROUP NUMBER:	**PRIMARY INSURED'S NAME:**	**PRIMARY INSURED'S D.O.B:**

ASSIGNMENT AND RELEASE

- I hereby authorize my insurance benefits be paid directly to Northcreek Chiropractic Clinic.
- I also authorize Northcreek Chiropractic Clinic to release any information required in the processing of this claim and all future claims.
- If my account is sent to a collection agency, I agree to pay all collection and attorney fees.
- I understand that I am financially responsible for non-covered services.

SIGNATURE (PATIENT, OR PARENT/GUARDIAN IF MINOR)	**DATE**

Thank you for choosing our office!