

Welcome!



Anthony Tsai, D.C.
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New Patient Health History Form

Please complete this form. All information is strictly CONFIDENTIAL.

Patient Data

Name _____ Email _____
Date _____ (Your email will NOT be shared with any 3rd parties)
Reason for Visit _____ Source of Referral _____
 Allow for general office announcements and promotions

Personal Information

Address _____ City _____ State _____ Zip _____
Telephone (check preferred) (Home) _____ (Cell) _____ (Work) _____
Sex _____ Birth Date _____ Social Security # _____ Occupation _____
Employer _____ Employer Address _____
Marital Status _____ Spouse's Name _____ Spouse's Occupation _____
Spouse's Employer _____ Spouse's Phone _____
Emergency Contact _____ Phone _____

Medical Information

Nature of injury: Automobile* Work Other
Major Illnesses _____
Surgeries & Hospitalizations _____
Current Medications _____
Allergies _____
Family History _____
Have you ever been under chiropractic care? Yes No
If yes, please describe _____

Insurance Information (Please show insurance card to receptionist)

Do you have health insurance? Yes No Name of company _____
Name of the insured: Self Spouse Other _____ Phone _____
* If an auto accident please provide and fill out separate auto accident questionnaire:
Insurance company name _____ Contact person _____
Phone _____ Policy or Claim # _____

Authorization & Consent

I authorize Dr. Anthony Tsai to render healthcare services and I accept responsibility for timely payment for the services rendered. I understand and agree that health/accident insurance policies are an arrangement between an insurance carrier and myself. I have also undersigned any insurance coverage and assign directly to the doctor all healthcare benefits for services rendered. I understand that if I suspend or terminate my treatment, any fees for professional services rendered to me will be immediately due and payable. I authorize the doctor to release any healthcare record or necessary information to secure the payment of benefits.

Patient's signature _____ Date _____
Spouse's or guardian's signature _____ Date _____