

Updated Patient Information

Hey, it's been a while! Please update us on What's new?

Patient full name _____

Patient date of birth _____

Patient Mailing Address _____

Contact Information Cell _____

Home _____

Work _____

Email _____

Employment Information

Status (Check one) Employed Unemployed Retired Student

Employer/School _____
Address _____

Updated Medical Information

Since your last visit with Winters, have you had any (Check One)?

Falls: Yes No

If yes, please describe _____

Winters®

Chiropractic & Physical Therapy

Surgeries: Yes No

If yes, please describe

Changes in Medical History: Yes No

If yes, please describe

Auto Accidents: Yes No

If yes, please describe and what is the Claim Number?

Work Related Accidents: Yes No

If yes, please describe and what is the Claim Number?

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Insurance Update

Assignment and Release

I, the undersigned, certify that I (or my dependent) have insurance coverage with _____ and assigns directly to Winters® Chiropractic & Physical Therapy, Inc., all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether paid by insurance or not. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature

Date

A message from our staff:

We are so glad to see you back at Winters Chiropractic! When you have reached this page, you have finally completed your paperwork, please bring it back to us so we can see all that we've missed! Thank you.