Welcome to Gerou Chiropractic

7277 North Lilley Road
Canton, MI 48187
734-981-6969

Date _____ Patient Number _____ Preferred Name _____

Last Name _____ First Name _____ Middle Initial ____

Address _____ Telephone: Home _____

City _____ State _____ Zip _____ Cell _____

Birthdate _____ Age ____ Sex ☐ Male ☐ Female Cell Provider _____
Verizon, AT&T, etc.

Marital Status _____ Spouse's Name _____ Children _____

Is there a chance that you're pregnant? ☐ Yes ☐ No E-mail address _____

Employer: _____ Occupation: _____

How did you find out about our office?
- ☐ Referred by: _____
- ☐ Yellow Pages Phone Book
- ☐ Location or Sign
- ☐ Advertising- Where? _____
- ☐ Internet: (Google, Yahoo, etc.)

Do you have insurance? ☐ Yes ☐ No (If Yes, please present card to front desk)

Is your condition due to a work injury? ☐ Yes ☐ No

Is your condition due to an Auto Accident? ☐ Yes ☐ No

Are you filing a claim? ☐ Yes ☐ No

Financial Responsibility/ Assignment/ Release of Information

I agree to be financially responsible for all charges incurred at this clinic including my insurance deductible, co-payment, and any services rejected by my insurance company. I hereby instruct and direct my insurance company to pay this office the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for professional services rendered by this clinic.

I authorize this clinic to release any information pertinent to my case to any insurance company, adjuster, and attorney involved in this case, and hereby release this clinic of any consequence thereof.

By providing my e-mail address I agree to receive the Weekly Health Updates via e-mail. E-mail addresses are kept confidential and will not be sold to any outside party.

Patient Signature _____ Date _____

If minor, authorizing Signature _____ Date _____