

Gardiner Family Chiropractic Registration Form

Full Name: _____ Gender: M / F

- DOB: _____ Nickname/Name you prefer to be called: _____
- Mailing Address: _____
City: _____ State: _____ Zip: _____
- Phone numbers: (Check the line next to the phone number where you would prefer to be contacted. If we need to contact you, we will call all numbers, but will try to reach you at your preferred number first.)

____ Home Phone: _____ Cell Phone: _____
 ____ Work Phone: _____ ext. _____ Is it OK to leave a msg at work? Y / N

- Employment status: ____ Employed ____ F/T student ____ P/T student ____ Retired
 ____ Other: _____

If employed:
 Occupation: _____ City: _____
 Employer: _____

REQUIRED FOR ACCESS TO YOUR ONLINE PATIENT PORTAL:

- E-mail Address: _____ *Please print clearly*

Verification Question (Check off **ONE** question)

- What is the name of your favorite pet?
 In what city were you born?
 What high school did you attend?
 What is your favorite movie?
 What is your mother's maiden name?
 On what street did you grow up?
 What was the make of your first car?
 When is your anniversary?
 What is your favorite color?

Answer to the question chosen above: (ANSWERS ARE CASE SENSITIVE)

- Primary Care Physician (PCP): _____
 Clinic: _____ City: _____
- Person to contact in case of emergency: _____
 Relationship to patient: _____ Phone: _____
- Marital status: M S O Name of Spouse/Significant Other: _____

- Children's Names (and DOB if minors):

If patient is a minor, please list parents and siblings.

Name:	DOB:	Name:	DOB:	Name:	DOB:
_____	_____	_____	_____	_____	_____

- Who referred you to our office? _____

Please provide an answer to questions 1 through 4 below: For statistical reporting purposes only:

1) **Race** (Please circle only one):

White Black / African American American Indian or Alaska Native Asian
 Native Hawaiian or Other Pacific Islander Other I choose not to specify

2) **Multi-Racial** (Please circle one): Yes No I choose not to specify

3) **Ethnicity** (Please circle one): Hispanic or Latino Not Hispanic or Latino I choose not to specify

4) **Preferred Language** (Please circle only one): English Spanish Chinese French
 American Sign Language Other: _____ I choose not to specify

Patient/Guardian Signature: _____ **Date:** _____