

Patient ID#: \_\_\_\_\_

Case#: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Wenger Chiropractic Group**  
PATIENT INFORMATION

\_\_\_\_\_  
First Name M.I. Last Name Nick Name

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Social Security Number Gender:  Male  Female Primary Language Date of Birth

Marital Status:  Single  Married  Widowed  Divorced  Legally Separated Spouse Name: \_\_\_\_\_

Race: (Choose most appropriate)

- American Indian or Alaska Native  African American or Black  Asian  Hawaiian or Pacific Islander  
 White  Other  Decline to Specify

Ethnicity: (Choose most appropriate)

- Not Hispanic or Latino  Hispanic or Latino  Decline to Specify

**Please mark with a [  ] how you wish to be contacted for reminder calls:**

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
Home Phone Work Phone Cell Phone Cell Phone Carrier

\_\_\_\_\_  
Email

**Text Messages Preferred**

\*Standard text rates may apply. Appointment reminders and other office alerts may be sent.

\_\_\_\_\_  
Emergency Contact Phone Number Family Doctor Name Family Doctor Office Name  
 **Check** if you **do not** want a letter sent to your family doctor

\_\_\_\_\_  
Your Employer Name Employer Address

\_\_\_\_\_  
Primary Insured Employer Name Primary Insured Employer Address

Who Referred You to Us?

- Physician  Friend  Yellow Pages  
 Internet  Other: \_\_\_\_\_

Referral Name: \_\_\_\_\_