



Houk Chiropractic Clinic

Confidential Patient Information

Date: _____

Northpointe Office
9720 N. Nevada
Spokane, WA 99218
(509) 464-2273

Monroe Office
3809 N. Monroe
Spokane, WA 99205
(509) 326-3795

▪ First Name: _____ Last Name: _____ MI: _____

Nickname: _____

PERSONAL INFORMATION

Address: _____

City: _____ State: _____ Zip: _____

▪ Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Social Security #: _____

▪ Birth Date: _____ Age: _____ Sex: M / F

Marital Status: *M / S / D / W* Spouse's Name: _____

Your Occupation: _____ Employer's Name: _____

Work Address: _____

INSURANCE INFORMATION

Work Injury? Y / N

Motor Vehicle Collision? Y / N

▪ Personal Insurance (to be billed): _____

Card Holder's Name: _____ Card Holder's D.O.B.: _____

Card Holder's Home Phone: _____ Work Phone: _____

Insurance I.D. #: _____ Plan Name: _____

EMERGENCY CONTACT

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

▪ Is this for a particular condition Y / N **or** a wellness check-up Y / N

▪ Have you had any recent X-rays for this condition? Y / N

▪ Will there be someone able to attend with you? _____

▪ Who can we thank for referring you to our office? _____

▪ Will you be taking advantage of our webpage and downloading the paperwork? Y / N

Appt. Scheduled By: _____ Date: _____ Date of Appt.: _____