



**PERSONAL HEALTH INFORMATION**

Please allow our staff to verify a photo ID and photocopy your insurance details. All information you supply is confidential. We comply with all federal privacy standards.

Dr. Kay Miller  
435 S. Main St.  
Fond du Lac, WI 54935  
Phone: 920-933-3536  
FAX: 920-933-3538

TODAY'S DATE \_\_\_\_\_

_____ Your Last Name		_____ Your Social Security Number		_____ Birth date		_____ Age	
_____ Your First Name		_____ Your Middle Name or initial		GENDER <input type="radio"/> Male <input type="radio"/> Female		_____ Race	
_____ Address				Marital Status <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Separated		_____ Ethnicity	
_____ City		_____ State		_____ ZIP Code		_____ Preferred Language	
_____ Home Phone		_____ Cell Phone		_____ Cell Carrier			
_____ Email address				_____ Work Phone			
_____ Emergency Contact/relationship		_____ Emergency Contact Phone		_____ Spouse's name			
_____ Your Employer				_____ Your Occupation			
_____ Primary Care Provider's Name				May we contact you at work? <input type="radio"/> Yes <input type="radio"/> No			
_____ Facility, City							

Preferred method of contact  Home Phone  Cell Phone  Work Phone  Email  Text message  
 Do not remind me of appointments

May we discuss your insurance/financial information and/or appointment/treatment information with your family members?

Whom?  Spouse  Parent  Adult Child Which information?  All  Insurance/Financial  Appts.  Treatment

Whom may we thank for referring you? \_\_\_\_\_

Have you consulted a chiropractor before?  No  Yes When and whom? \_\_\_\_\_