DR. TERESA YIN
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CONFIDENTIAL PATIENT REGISTRATION FORM

Please Let Us Know Who Referred You! ______________________________

NAME: ______________________________ HOME PHONE #: ______________________

ADDRESS: ______________________________ CITY/STATE/ZIP: ______________________

SOCIAL SECURITY #: _______-________-________ DRIVER'S LICENSE #: ______________________

MARITAL STATUS: S / M / D / W SEX: Male / Female DATE OF BIRTH: _______/_______/______

EMPLOYER: ______________________________ OCCUPATION: ______________________

ADDRESS: ______________________________ CITY/STATE/ZIP: ______________________

WORK PHONE #: ______________________________ MOBILE #: ______________________

EMAIL ADDRESS: ____

EMERGENCY CONTACT: ______________________________ MOBILE #: ______________________

IF YOUR CONDITION IS DUE TO AN ACCIDENT, PLEASE COMPLETE THE FOLLOWING:

Is your accident related to (circle one): **AUTO** **WORK** **OTHER**: ______________________

Please provide DATE: _____/_____/______ TIME: ___________ CLAIM #: ______________________

Do you have an attorney (name, number)? ____

Do you have an adjuster (name, number)? ____

INSURANCE COMPANY: ______________________________ PHONE: ______________________

BILLING ADDRESS: ____

MEMBER ID #: ______________________________ GROUP #: ______________________

ELIGIBILITY: ____

"I understand that my health insurance policy is an arrangement between the insurance company and myself. This office will gladly prepare insurance forms and reports; however, I am aware that services cannot be rendered on the assumption that our charges will be automatically paid by an insurance company. Therefore, basis of responsibility for payment will be mine, regardless of insurance coverage. I hereby authorize the release of any information necessary to secure payment of benefits and payment of medical benefits directly to Teresa Yin, D.C. (Teresa Yin Wong Chiropractic Corporation) for services rendered."

PATIENT/GUARDIAN SIGNATURE: ______________________________ **DATE:** _____/_____/_____