

**FAMILY TREE CHIROPRACTIC & WELLNESS**

**Gregory M. Pitman, D.C.**

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**APPLICATION FOR TREATMENT**

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

SINGLE/MARRIED/DIVORCED/WIDOWED

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSON TO CONTACT IN CASE OF AN EMERGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

**INSURANCE INFORMATION:**

INSURANCE COMPANY: \_\_\_\_\_

NAME OF CARDHOLDER: \_\_\_\_\_ RELATIONSHIP TO PATIENT: \_\_\_\_\_

SECONDARY INSURANCE COMPANY: \_\_\_\_\_

*Welcome to the Family Tree Chiropractic Center. Our entire office is dedicated to providing you with the best health care possible.*

***We request payment at the time services are rendered. You may pay by cash, check, Mastercard, Visa, or Discover.***

***If you are unable to keep your appointment time, we require that a 24-hour notice be given as a courtesy to the doctor. If a 24-hour notice is not given, we reserve the right to charge for the office visit appointment.***

*I have read and understand the above policies.*

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CHART # \_\_\_\_\_