

New Patient Accounting Form

Medical Insurance//Health History//Patient Data

Crossroads Health & Nutrition

Dr. Paulette Hugulet, DC LLC

In order to provide you the best possible care, please complete this form.

All information is kept **STRICTLY CONFIDENTIAL.**

PATIENT DATA: Valid driver's license must be provided

Legal Name: _____ Date of birth: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____ Cell Phone: _____

Email: _____ Reminder Calls: YES NO

Marital Status: _____ Spouse's Name: _____ Spouse's Occupation: _____

Cell Phone: _____ Work Phone: _____

CURRENT COMPLAINTS:

Nature of Injury: Automobile Work Home Other

If the cause was a work-related injury or automobile incident, please stop and let front desk staff know.

We DO NOT bill for car insurance claims or work compensation. Thank you for your understanding.

IN CASE OF EMERGENCY:

Do you have an active **"DO NOT RECESSITATE"** document in place? YES NO

IF YES, please let front desk staff know. We will need further documentation and copy needed for our records. The policy implemented for any major medical emergency while within the Crossroads Health & Nutrition clinic, (CH&N), **shall be an immediate call to 911.**

MEDICARE INFORMATION: Current Insurance card(s) must be provided

Primary Insurance: _____ Name of Insured: _____ ID#: _____

Secondary Insurance: _____ Name of Insured: _____ ID#: _____

SIGNATURES:

Patient Name: _____

Patient's Signature: _____ Date: _____

Spouse's or Guardian's Signature: _____ Date: _____

_____ Date: _____

Received By: Crossroads Health & Nutrition Employee__