

Accepting Patients at:
Knight Chiropractic Center
within the Rochester Fitness Center
3313 Chili Avenue Rochester, NY 14624

HealthSource Chiropractic

Donald R. Dudley, DC
Office: (585) 889-3280
Fax: (585) 889-7759

Appointment Date: _____ Appointment Time: _____

What part of our body is injured? _____

Describe how your injury occurred:

Any X-Rays taken in the past 2 years? (Y or N) Is patient bringing X-Rays?(Y or N)

Name: _____

(First) (Middle Initial) (Last) Street:

_____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ **Date of Birth:** _____ Age: _____ Sex: M / F

SS#: _____ Referred to this office by : _____

Your Employer: _____ Occupation: _____

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

Spouse: _____ Spouse's Employer: _____ Marital Status: S/M/D #of Children _____

Family Physician: _____ Physician's Phone #: _____

Physician's Address: _____ City: _____ State: _____ Zip: _____

Health Insurance: _____ **ID# :** _____

(Please have card available)

Is the injury **Work Related? Y or N** Is the injury **Auto Related? Y or N**

If **YES** to either question, please answer the following:

Date of injury: _____ **Location of injury:** _____

Insurance Carrier: _____ (Employers carrier if Work. Comp. injury)

Insurance mailing address: _____ City: _____ State: _____ Zip: _____

Insurance Phone Number: (____) _____ **Fax#:** (____) _____ **Contact Person** _____

WCB # _____ **Claim#** _____

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the doctor. I understand that I am financially responsible for any balance. I also authorize HealthSource Chiropractic or insurance company to release any information required to process my claims.

X _____
PATIENT/GUARDIAN SIGNATURE DATE

