



(PLEASE PRINT)

Today's Date:	Last Name:	First Name:	
Date of Birth: / /	Age:	Male / Female	Preferred Name:

Street Address:	City:	State:	Zip:
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Preferred ph. (cell / wk / hm): ( ) -	email:
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Alt. phone (cell / wk / hm): ( ) -	Occupation:
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Who do you live with? no one / roommate / spouse / other: \_\_\_\_\_

Are you: Single / Married / Divorced / Widowed

**Insurance Information**

Do you have insurance that covers Acupuncture?	Yes / No / Not sure
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Insurance Company:	
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**In Case of Emergency**

Name:	Your relationship to this person:
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Cell / wk / home phone: ( ) -	Cell / wk / home phone: ( ) -
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**How did you hear about us?**

Friend / Family / Practitioner / Facebook / ATC / Georgia Sports Chiropractic

Internet Search / Other \_\_\_\_\_