

Functional Health and Sports Chiropractic
970 Balch Road Madison, AL 35758-9715
PHONE (256)-527-5564 FAX (256)-365-3406
EMAIL drjillharbin@gmail.com

Name: _____		SSN: _____	
Address: _____			
City: _____		State: _____	Zip Code: _____
Phone #: Cell: _____		Home: _____	Work: _____
Date of Birth: ____/____/____		Age: _____	Gender: M F Ht: _____ Wt: _____
Email(s): _____			
Occupation: _____		Employer: _____	
Employer Address: _____			
Emergency Contact: _____		Relationship: _____	
Em. Contact Phone#: Home: _____		Work: _____	Cell: _____
Primary Care Physician: _____		Phone: _____	
How did you hear about Functional Health and Sports Chiropractic?			
Preference of contact with Dr. Harbin: Text: Cell Work Call: Cell Work Home Email: Home Work			

Method of Payment/Co-Pay: Cash Check Credit Card	Insurance: Yes No
Insurance Company: _____	
ID# _____ Group # _____	
Name of Insured: _____ DOB: ____/____/____	
Relationship to Insured: _____ Effective Date: ____/____/____ Termination Date: ____/____/____	
Secondary Insurance: _____	
ID# _____ Group # _____	
Name of Insured: _____ DOB: ____/____/____	
Relationship to Insured: _____ Effective Date: ____/____/____ Termination Date: ____/____/____	

<i>If patient under 18 Years Old, Please fill out:</i>	
Parent/Guardian: (Print) _____	
Parent Signature: _____	Date: ____/____/____
Phone: Home: _____	Work: _____ Cell: _____

I certify that the above information is correct, and that I request chiropractic services. I have received a Notice of Privacy Practices. I understand I have certain rights to privacy regarding my protected health information, and that the information can be used to conduct, plan, and direct my treatment and follow up among healthcare providers who may be involved in providing my care, to obtain payment from third party payers, and to conduct normal healthcare operations such as quality assessments and accreditation.

Patient Signature: _____ Date: ____/____/____