

Bull Run Chiropractic Clinic  
38916 Proctor Blvd.  
Sandy, OR 97055



Phone: 503-668-3530  
Fax: 503-668-3541

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## Confidential Patient Registration

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone:  Cell  Home  Work      Secondary Phone:  Cell  Home  Work  Not Applicable

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

*Email is only used for appointment confirmations/reminders regarding appointments if opted below.*

How do you wish to receive appointment Reminders and Confirmations? (Choose all applicable):

Telephone (Phone Call)     Email

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Relationship of Emergency Contact: \_\_\_\_\_

How did you hear about Bull Run Chiropractic?: \_\_\_\_\_

Are you seeking care due to an:    On the Job Injury?  Yes  No    Auto Accident?  Yes  No

Do you have insurance for chiropractic or massage?  Yes, Insurance: \_\_\_\_\_  No

Have you had previous chiropractic or massage care?:  Yes, How long ago?: \_\_\_\_\_  No

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### **Patient or Authorized Person's Signature:**

I authorize the billing of my insurance company and the release of medical information as necessary to process my claim. If the patient is a minor, the parent's or legal guardian's signature below constitutes permission to give care.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_