

Welcome to Simply Chiropractic

Please provide the following confidential information so that we may best fulfill your chiropractic needs. Thank you.

Name _____ Today's Date _____

Street Address/Apt. No. _____

City / State _____ Zip Code _____

Cell Phone _____ Home Phone _____

Email Address _____

Date of Birth ____ / ____ / ____ Sex: M / F

Occupation _____

Are you: Single married Widowed Separated Divorced

How did you find out about the office?

Cancellation Policy

Please note we never overbook patients and your appointment time is reserved only for you. For this reason, we must strictly adhere to our cancellation policy.

We understand that it may be necessary to reschedule an appointment to accommodate an unexpected event, but we ask that you do so at least **12 hours** before your appointment time. Unless cancelled at least 12 hours in advance, our policy is to charge you for missed appointments at the rate of *50% of a single visit cost*. Giving us this time, allows us to contact other patients in our stand-by who may be in need of chiropractic adjustment. We will charge you only if cancellations without 12 hours notice exceed one time.

We receive messages 24 hours a day. If you need to cancel a Monday appointment, you can call and leave a message at any time 12 hours before your scheduled appointment.

Please help us to serve you better by keeping scheduled appointments.

Thank you for your cooperation and understanding.

Signature _____

Again, Thank You for Choosing Simply Chiropractic