

JERMYN CHIROPRACTIC
PATIENT INFORMATION AND INFORMED CONSENT

Name: Date:

Age: Date Of Birth: Id No.:

Medical Aid: Medical Aid #: Med Aid Dependant #:

Address: (Res) (Postal)

Postal Code:

Phone: (Cell): (H): (W):

Email Address:

Business / Employer: Type Of Work:

Marital Status: No. Of Children:

Spouse/Friend Name & Number:

Who Is Responsible For The Bill: Self Spouse Parents

How Did You Hear About Us: Referral Online Other

Purpose Of Your Appointment:

Other Doctors Seen For This Condition:

Previous Chiropractic Care: Yes No

If Yes, Doctor's Name And Approximate Date Of Last Visit:

I Hereby Consent To The Performance Of Chiropractic Adjustments/Manipulation And/Or Other Chiropractic Procedures, On Me (Or On The Patient Named Above For Whom I Am Legally Responsible) By Dr Gareth Jermyn.

Patient's Signature
(Parent/Guardian)

Date