

Application for Care

Name:		Date:	
Address:		City/State/ZIP:	
Home Phone:	Work Phone:	Cell Phone:	
E-mail:			
Birth date:	Age:	Social Security #:	
Marital Status:	Married	Widowed	Divorced
Engaged			Single
Your Employer:		Occupation:	
Spouse's Name:		Spouse's Employer:	
Children's Names and Ages:			
Method of Payment for First Visit:		Cash	Check
			Credit Card

Current health complaints or reasons for consulting our office: _____

Is this the result of an auto or work injury? _____ If so, when? _____

Have you had the same or similar problems before? _____

Father, mother, brother, sister, children with similar problems? _____ If so, who? _____

Other doctors you have seen for this problem: _____

Primary Physician (name, address, phone): _____

Surgeries you have had: _____

Medications you currently take: _____

Have you ever been diagnosed with cancer? _____ If so, what kind? _____

Do you have health insurance? _____ Name of company: _____

Who may we thank for referring you? _____

What is it that you cannot do any longer that you used to enjoy doing? _____

Cancellation/No Show Policy

Lipinski Chiropractic is committed to providing exceptional care. Unfortunately, when one patient cancels without giving enough notice, they prevent another patient from being seen. **Please call us at 301-620-7111 by 3:00 p.m. on the day prior to your scheduled appointment to notify us of any changes or cancellations. To cancel a Monday appointment, please call our office by 3:00 p.m. on Friday.** If prior notification is not given, you will be charged a \$50 fee for the missed appointment.

(For women under 60 only) By my signature below, I hereby state that, to the best of my knowledge, I am not pregnant, nor is pregnancy suspected or confirmed at this time.

Patient or Guardian Signature: _____ Date: _____

By my signature below, I acknowledge receipt of the **Notice of Privacy Practices**.

Patient or Guardian Signature: _____ Date: _____

The above information is true and accurate to the best of my knowledge.

Patient or Guardian Signature: _____ Date: _____



**182 Thomas Johnson Drive
Suite 201
Frederick, MD 21702**

301-620-7111

Directions to Office:

From Rte. 70:

Take Rte. 15 North to Motter Ave. exit to the right
Make a right off the exit ramp
Turn right at 3rd light onto Thomas Johnson Drive.
(Roy Rogers will then be on your left)
Office is ¼ mile on right (Ambers Professional Center)

From North of Frederick:

Take Rte. 15 South to Motter Ave. exit to the right
Turn left at stop light.
Turn right at 2nd light onto Thomas Johnson Dr.
(Roy Rogers will then be on your left)
Office is ¼ mile on right (Ambers Professional Center)

We are on the top level of building 182 (numbers are in red on the side of the tan brick building)

We are in Suite #201