

## Achieve Health Chiropractic and Clinical Nutrition

111 East Indiana Ave, Maumee, OH 43537

Dr. Elia Acuna DC, DACBN, LLP

419-740-3099

### Patient Registration Information

Single  Married  Widowed  Separated  Divorced

Name: (L) \_\_\_\_\_ (F) \_\_\_\_\_ (MI) \_\_\_\_\_ Sex: \_\_\_\_\_

Street: \_\_\_\_\_

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

Phone: (C) \_\_\_\_\_ email \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Street: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Condition Related to:  Illness  Employment  Auto  Other

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

DO  DO NOT  give permission for the doctor/staff to give any medical information a family member

DO  DO NOT  give permission for doctor/staff to leave messages or voice mail regarding appointments or follow-up

The Undersigned acknowledges that he/she has requested treatment for Dr. Elia Acuna and in consideration thereof agrees to be fully and personally responsible for all charges incurred.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_