

# EAST COUNTY CHIROPRACTIC

DR. TREVOR J. CLARK, D.C.  
508 SE 103RD AVE | VANCOUVER, WA 98664  
971.285.5861 | eastcountychiro@gmail.com

## New Patient Registration

### Patient information

Legal name \_\_\_\_\_ Nick name \_\_\_\_\_  
Social security # \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Email address \_\_\_\_\_  
Primary language (if not English) \_\_\_\_\_

### Coverage information (please provide a copy of your insurance card.)

Insurance coverage \_\_\_\_\_ Effective Date \_\_\_\_\_  
Card # or Recipient ID# \_\_\_\_\_  
Group # \_\_\_\_\_ Group Name \_\_\_\_\_  
Subscriber name \_\_\_\_\_

### Employment background

Do you have a job? (circle yes/no)  
If yes, what type of job (truck driver, data entry, office administration, sales)  
Current employer \_\_\_\_\_ Employment start date \_\_\_\_\_  
Occupation \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
If unemployed is it because disability? (circle yes/no)  
If yes, what is the cause of disability? \_\_\_\_\_  
Are you receiving or expecting disability compensation? (circle yes/no)  
Are you a Veteran? (circle yes/no)  
How did you hear about East County Chiropractic? \_\_\_\_\_  
Did a doctor, clinic or agency refer you? (circle yes/no)  
If yes, who referred you to East County Chiropractic? \_\_\_\_\_

### Emergency Contact Information

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Emergency phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

## **Acknowledgement and Understanding**

Please read and initial each item below.

1. \_\_\_\_\_ I understand and agree that regardless of insurance coverage, I am liable for any charges incurred as a result of services rendered to me at East County Chiropractic.
  
2. \_\_\_\_\_ If this account is assigned to an attorney for collection and/or suit, the prevailing party shall be entitled to reasonable attorney's fees and cost of collections.
  
3. \_\_\_\_\_ I hereby assign all chiropractic benefits, including major medical benefits to which I am entitled (Medicare, private insurance, and all other health plans) to: East County Chiropractic, 3904 NE 242<sup>nd</sup> Ave Camas, WA 98607.

By signing this application, I affirm under penalty that I have given true and complete information.

Patient Signature

Date

---

---