Southside Chiropractic

Dr. Jonathan Golub
1651 Bellmore Avenue
Bellmore, NY 11710
(516) 783-3700

COV

copay:___

NAME:_____ DATE:_____ AGE:_____ SEX:_____

ADDRESS:_____ DATE OF BIRTH:_____

HOME PHONE:_____ WORK PHONE:_____ CELL/OTHER:_____

MARITAL STATUS:_____ # OF CHILDREN:_____ SOC. SEC. #:_____

INSURANCE COMPANY:_____ ID#:_____ GROUP#:_____

REASON FOR THIS VISIT:_____

HOW DID IT START:_____ WHEN DID IT START:_____

WHAT MAKES IT BETTER:_____ WORSE:_____

WHEN HAVE YOU BEEN IN CAR ACCIDENTS/OTHER INJURIES:_____

WHEN WAS YOUR LAST CHIROPRACTIC VISIT:_____

WHO IS YOUR PRIMARY PHYSICIAN:_____ PHONE #:_____

WHAT MEDICATIONS DO YOU TAKE:_____

WHEN HAVE YOU BEEN IN THE HOSPITAL:_____ REASON:_____

WHEN WAS THE LAST TIME YOU HAD X-RAYS:_____

ANYTHING ELSE THE DOCTOR SHOULD KNOW:_____

PLEASE NOTE: When covering for another doctor, it is the policy of Dr. Golub/Southside Chiropractic to collect payment in full at the time of the office visit(s) unless other arrangements are made. The fees will be discussed with you during your office visit. A receipt may be prepared for you upon request for you to furnish to your insurance carrier. Details of your visit(s) to this office will be discussed with your regular chiropractor upon their return. By signing below, you acknowledge and accept these terms.

X_____
Patient's signature

DOCTOR'S NOTES