

Dr. Mark Saracino
Board Certified
Chiropractic Neurologist

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(If you have made an appointment, please print, fill-out and bring this form with you to the office.)

Welcome. Every attempt will be made to make your visits pleasant and beneficial. This could be your first experience with a Chiropractic Neurologist, because there are few Board Certified Chiropractors in this specialty. So if you have any questions please feel free to ask. **Chiropractic has always valued the importance of good patient-doctor dialogue.** Please complete this form; the information is important to aid in your prompt recovery.

Cell _____

Phone _____

Name _____ Home Phone _____

Address _____ S.S.# _____

City _____ State _____ Zip Code _____

Date of birth ____/____/____ single{ } married{ } divorced{ } widowed{ }

E-mail address _____ number of children _____

Employer _____ Occupation _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Describe your daily living/working activities _____

Briefly describe your present ailment _____

Date you first noticed symptoms ____/____/____ How did they occur? _____

Have you previously experienced similar symptoms? _____ When? ____/____/____

Have you ever received manipulations from a physician? _____ When? ____/____/____

For what condition? _____

Are you currently receiving treatment from a physician? _____

Doctor's name? _____ Phone _____

Address _____

Describe treatment and reason _____

Are you currently on medication? _____ What? _____

List major surgical history _____

Whom shall we thank for your referral? _____

Are you presently involved with a special diet, exercise or therapeutic plan? _____

Describe _____

Special interests/hobbies/activities _____

Payment for services and products is required at the time performed or given, unless other arrangements have been made. When the doctor accepts assignment for your insurance contract, keep in mind that the contract is between you and your carrier only.

Any denial of coverage that results in a reduced or nonpayment and leaves a balance to the doctor then becomes your responsibility to pay the doctor, within 15 days of written notification of denial by the insurance company or this office, whichever comes first. The balance due is then subject to an interest charge of 1.5% per month (18% per annum) on accounts more than 30 days past due, and will accrue from the date of service, not the billing date. An additional 20% attorney's fee will be included should your account be referred to an attorney for collection.

signature _____ date ____/____/____

Acknowledgement of Receipt of Notice of Privacy Practices for Protected Health Information I acknowledge that I received Dr. Saracino's Notice of Privacy for Protected Health Information.

signature _____ date ____/____/____