

New Patient Introduction

The following information is to assist the doctor and will be kept in confidence.

Dr. Les J. Davidson

100,2001-14th St. N.W.
T2M 3N3

Calgary Alberta
403 284 4743

Patient's name _____ Sex M F

Today's date dd/mm/yy: _____

Birth Date dd/mm/yy: _____

Home address _____

City _____

Postal code _____

Home Phone _____

Cell Phone _____

E-mail _____

Preferred method of contact: Phone Email Texting

Referred by _____

Patients employer _____

Occupation _____

Business address _____

City _____

Postal Code _____

Business phone _____

Marital status: single married common law divorced widowed

List all members of immediate family: Spouse _____

Others _____

If patient is a minor, name of person legally responsible _____

Family Medical Doctor _____

Family Chiropractor _____

Date of last Chiropractic visit _____

Reason for last visit _____

Health Insurance

Alberta health care no. _____ - _____

Do you have private health insurance YES NO

Social insurance no. _____ - _____

Patients Signature _____

Patient accepted for Chiropractic care

YES

NO

Doctor's Signature _____