



"Caring for Kanata families since 1987"

NEW PATIENT INFORMATION

Family Chiropractic Centre
Kanata Medical Arts Building
99 Kakulu Road, Suite 214
Kanata, ON K2L 3C8
(613) 592-7660
Fax (613) 591-9769
www.fccweb.com

Date: _____

Name: Mr. Ms. Mrs. Miss. Dr. _____

First Name Surname

How do you prefer to be addressed? Mr. Mrs. Miss. Ms. Dr. First Name _____

Address: _____

Street City/Town Postal Code

Birth Date: D/M/Y Age: Martial Status: Single Married Widowed Divorced

Home Phone: Email Address: _____

Employer Name: _____

Address: Work Phone: _____

Occupation: _____

Is this a Worker's Compensation Case? No Yes If yes, S.I.N. _____

Family Physician Name: Address: _____

Do you or a family member have Extended Health Benefits? No Yes Type: _____

I understand that a report of my condition may be sent to my family physician. I also understand that insurance is my responsibility and that I am personally responsible for payment to this office.

Signature: _____

How did you hear about our clinic?

Patient (Name): Yellow Pages Newspaper

Physician (Name and Address): Radio Internet

Other: _____