



WELCOME TO Right Health Clinic, P.C.

Dr. Chris Foster, DC
716 W. Brookside St.
Colorado Springs, CO 80905

New Patient Registration

Date: _____ Dr. _____ Case Number: _____

Full Name: _____ Male Female Single Married Other

Address: _____ Injury/Illness Date: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Employer: _____ Occupation: _____ Age: _____

Employer Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Who referred you to our office: _____ Mobile Phone: _____

May we contact you by e-mail: _____ Social Security # _____

Student: Full Time Part Time School: _____ Driver's License # _____

Spouse

Name: _____ Employer: _____ Date Of Birth: _____

Employer Address: _____ Employer Phone: _____

City: _____ State: _____ Zip: _____ Social Security # _____

Insurance

Auto Accident Work Injury Group Medicare Other: _____

Primary Insurance: _____ Insurance Phone: _____

Insured's Name: _____ Male Female Insured's Phone: _____

Relationship To Insured: Self Spouse Child Other Insured's DOB: _____

Insurance Address: _____ Insured's ID # _____

City: _____ State: _____ Zip: _____ Policy / Group# _____

Secondary Insurance: _____ Insurance Phone: _____

Insured's Name: _____ Male Female Insured's Phone: _____

Relationship To Insured: Self Spouse Child Other Insured's DOB: _____

Insurance Address: _____ Insured's ID # _____

City: _____ State: _____ Zip: _____ Policy / Group# _____

Patient Agreement

Assignment & Release

To Doctor: _____

1. You are authorized to **release any information** you deem appropriate concerning my physical condition to any insurance company, attorney or adjuster in order to process any claim for reimbursement of charges incurred.
2. I hereby authorize the **direct payment to you** of any sum I now or hereafter owe you by my attorney out of any proceeds of any settlement of my case, and by any insurance company obligated to make payment to me or you based in whole or in part upon the charges made for your services.
3. I hereby authorize the **use of this signature** on all my insurance submissions.
4. I approve of an exposed sign-in sheet YES / NO
5. I approve of no doors on the adjustment rooms YES / NO

Signature Of _____ Date Signed: _____
Insured/Guardian: _____