**University Health Center**
**7797 N. University Drive, Suite 101**
**Tamarac, Florida 33321**
**Phone: 954-722-6050**
**Fax: 954-720-7776**

# PATIENT CHECK-IN FORM

**In order to expedite your check-in process, please print these "Patient Check-In" forms. Also print the "HIPAA" forms also available in our website. Complete all these forms prior to your appointment and give them to our receptionist at the time of check-in.**

**Today's Date:** _____ /_____ /_____
*(month) (day) (year)*

**How did you hear about us?** ***(please check one)***

- ☐ Mall Promotion
- ☐ Yellow Pages
- ☐ Internet
- ☐ Current Patient or Friend *(please specify)* _____
- ☐ Doctor Referral *(please specify)* _____
- ☐ Attorney Referral *(please specify)* _____
- ☐ Other *(please specify)* _____

**Personal Information:**

First Name: _____ Last Name: _____

Date of Birth: _____ /_____ /_____ SSN#: _____ - _____ - _____
*(day) (month) (year)*

Cell Number: ( ) _____ - _____

Home Number: ( ) _____ - _____

Work Number: ( ) _____ - _____ Ext: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

**We are HIPAA compliant! Your information WILL be protected.**

Occupation: _____

Emergency Contact: _____ Phone: (  ) _____ - _____

**Questionnaire:**

Do you have any pain or discomfort? ☐ Yes ☐ No *(check one box)*

If Yes, What areas? _____

Any health conditions we should be aware of? _____

_____

Have you had Massage therapy before? ☐ Yes ☐ No *(check one box)*

Have you had Chiropractic care before? ☐ Yes ☐ No *(check one box)*

Have you had Physical therapy before? ☐ Yes ☐ No *(check one box)*

Have you been in an automobile accident? ☐ Yes ☐ No *(check one box)*

If Yes, When? _____

Where? _____

Do you have health insurance? ☐ Yes ☐ No *(check one box)*

If Yes, What is the Company name? _____

It is a: ☐ PPO/POS ☐ HMO ☐ Medicare/Medicaid *(check all that apply)*

Do you have a secondary policy? ☐ Yes ☐ No *(check one box)*

If Yes, What is the Company name? _____

## Please print these pages and bring them to our office

**We are HIPAA compliant! Your information WILL be protected.**