

Welcome to NH Chiros

Dr. Ken George & Associates, P.A.
89 Portsmouth Ave, Suite 5 • Stratham, NH 03833 • (603)772-6400

Serving the Seacoast since 1992

Thank you for choosing NH Chiros! Please ask for assistance if you have any questions or concerns while completing any of these forms. We look forward to helping you heal.

Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: ____ ZIP: _____

Email address: _____ Phone number: (____) _____ - _____
cell ____ home ____ work ____ other ____

Marital status: _____ Smoking status: _____

Please list any medical allergies (eg. latex, certain herbs, etc): _____

Please list any medications or supplements you currently take, as well as dosages for each:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

We will need to make a copy of the responsible party's valid driver's license/ID and insurance card(s)

By signing below, you certify that the information provided on this form is true, and that you understand and agree to the following policies:

- Any insurance benefits for services will be assigned and paid directly to Dr. Ken George & Associates, P.A. You are financially responsible for all charges that are not paid in full by insurance, and you authorize all insurance submissions from our facility.
- All appointment cancellations without 24 hours' notice are subject to a **\$45.00** missed appointment fee.

Patient signature: _____ Date: ____/____/____

Parent/guardian: _____ Date: ____/____/____
(if under 18)

Please continue to the next form