

MALBIS CHIROPRACTIC

10179 Eastern Shore Dr, Suite 102 · Spanish Fort, AL 36527 · (251) 625-4777

Entrance Application

This form is confidential and used solely for your care at Malbis Chiropractic.

Please complete the required forms and your medical history via the link sent to your email prior to your appointment. Alternatively, you may arrive 30 minutes early to finalize everything in the clinic.

PATIENT INFORMATION

First Name	Middle	Last Name	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Street Address			
<input type="text"/>			
Address Line 2 (Apt, Suite, etc.)			
<input type="text"/>			
City	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Cell Phone		
<input type="text"/>	<input type="text"/>		
Email Address	Date of Birth	Age	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Marital Status	Job Title	Work Phone	
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D	<input type="text"/>	<input type="text"/>	
Spouse Name	Spouse Birthdate		
<input type="text"/>	<input type="text"/>		
Children — Names and Ages			
<input type="text"/>			

INSURANCE INFORMATION

Name on Insurance Card	Insured Date of Birth
<input type="text"/>	<input type="text"/>
Employer Name	
<input type="text"/>	
Employer Phone Number	Employer City
<input type="text"/>	<input type="text"/>
Person Responsible for This Account	
<input type="text"/>	

ADDITIONAL INFORMATION

Emergency Contact Name	Relation	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Physician	Send progress updates to physician?	
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Complaint		
<input type="text"/>		

Is this a Worker's Compensation case?
 Yes No

Is this a Personal Injury / Auto Accident?
 Yes No

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Medical History

Patient Name

Date

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Please mark N/A if not applicable. Indicate LEFT or RIGHT for surgeries.

CURRENT MEDICATIONS

Medication Name	Dosage	Frequency

SURGERIES

Procedure	Month / Year	L / R / N/A

SUPPLEMENTS, VITAMINS & ALLERGIES

Supplement / Vitamin	Allergy / Reaction

OTHER / CAR ACCIDENTS — INCLUDE DATE OF INCIDENT

PATIENT ACKNOWLEDGEMENT — I certify the above information is accurate to the best of my knowledge.

Patient Signature

Date

Patient Name — Please Print

FOR OFFICE USE ONLY

Patient Name

Account Number

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Appointment Policy

Please keep a copy of this policy for your records.

24-Hour Notice Required

When an appointment is scheduled, that time is specifically set aside for you. If you are unable to make your scheduled appointment, please notify us at least 24 hours prior (the day before) to your appointment time so we can reschedule that slot if necessary. Please understand that we are very busy and turn away several patients daily who could use that reserved time.

Missed Appointment Fees

If you fail to show up for your scheduled appointment without calling, your account will be assessed a \$25 missed appointment fee for each regular appointment missed, and \$35 for each special appointment. Special appointments include, but are not limited to, Spinal Decompression and Foot Scan appointments. If you cancel or reschedule on the same day of your appointment for non-emergency reasons, the fee will also apply.

Three No-Shows

If you no-show for three appointments, you will be discharged from care and referred to another provider.

Payment of Fees

If you incur a missed appointment fee, you will be required to pay this fee at your next appointment before seeing the doctor.

PATIENT ACKNOWLEDGEMENT

I have read and understand the appointment cancellation / no-show policy of Malbis Chiropractic.

Patient Signature

Date

Patient Name — Please Print

If patient is a minor, a parent or legal guardian must sign above.

✉ wellness@malbischiropractic.com | or print and bring to your appointment.