Clare M. Ollayos, D.C.
Registration

Date: ___________________________________

Patient Information

Patient Name: ____
First Name | Last Name | Inital

Legal Guardian: ____
(If a minor under the age of 18)

Your Street Address: ____

City: _____________________________________ State: ____ Zip: __________________

Home Phone ___________________________ Cell Phone ___________________________ Work Phone _________________________

Social Security #: ____ Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Age: ___________ Birthdate: ____________________________

Employment Status: ☐ Full Time ☐ Part Time ☐ Retired ☐ Not Employed

Student Status: ☐ Full Time ☐ Part Time ☐ Non-student

Employment Information

Patient employed by: ____

Business Address: ____

City: ____ State: ____________________________ Zip: ______________

Your Occupation: ____

Spouse Information

Spouse Name: ____ Birthdate: _______________________

Spouse's Employer and Business Address: ____

City: ____ State: ___________________________ Zip: ____________

Occupation: ____ Business Phone: _____________________

Spouse's Social Security #: ____

Are you covered under any of the following programs? ☐ Medicare ☐ Medicaid ☐ CHAMPUS ☐ CHAMPVA

Is your condition related to your employment? (current or previous) ☐ No ☐ Yes ☐ Don't know If yes, date of accident: _____________

Is your condition related to an automobile accident? ☐ No ☐ Yes If yes, in which state? ______ Date of accident: _____________

Have you been involved in an automobile accident in the past three years? ☐ No ☐ Yes Date of accident: _____________

Other type of accident? ☐ No ☐ Yes Please describe: ___________________________________ Date of accident: _____________

In case of emergency, who should we notify? ____

Phone Number: ____ Relationship to patient: _____________________________

Please list other doctors you have seen in the past 5 years

1. ____ City/State: ______________________________________

Reason for seeing: ____

2. ____ City/State: ______________________________________

Reason for seeing: ____

Whom may we thank for referring you: ____