



Dr. David Kritzberg | Dr. Susan Byrnes-Kritzberg
3505 Salem Road Covington, GA 30016

New Patient Contact Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

SSN: _____ D.O.B.: ___/___/___ Marital Status: M S W D

Home Phone: _____

Cell: _____

*This is the number where you will receive text reminders for your appointments

Email: _____

Emergency Contact: _____ Relation: _____ Phone: _____
Employer: _____ Position: _____ Phone: _____

Reason for your visit today:
Auto Accident Work Accident Injury/Illness Wellness
If you are being treated for an accident/injury, please list the date of your accident/injury: ___/___/___

Do you have an attorney? Y / N (If yes) Attorney Name: _____
Case Manager: _____ Phone: _____
Do you have health insurance? Y / N (If yes) Insurance Carrier: _____
Policy Holder: _____ Relationship: _____
How did you hear about our office? _____

Have you ever been to a chiropractor before? Y / N (circle) What was the problem: _____
Have you been treated for this particular problem by any other healthcare professionals? Y / N (circle one)
Where? _____ When? _____
Have you received any imaging related to this problem? Y / N Facility name: _____

____ Please initial to acknowledge review of Back to Health Chiropractic's Notice of Privacy Practices, with a copy available upon request, as required by the Health Insurance Portability and Accountability Act (HIPAA) to ensure that you have been made aware of your privacy rights.