



Zimmerman Chiropractic Office

Dr. Robert Zimmerman

#101 10010 88 Avenue

Fort Saskatchewan, AB T8L 0A8

Phone: (780) 998-2248 * Fax: (780) 998-4612

PATIENT INFORMATION CARD

File No. _____

Please Print

Home Phone: () _____

NAME: (Last) _____ (First) _____ (MI) _____

Business Phone: () _____

ADDRESS: _____

Cell Phone: () _____

CITY _____ PROV _____ POSTAL CODE _____ Date: _____

DOB: (MM/DD/YEAR) ____/____/____ AGE ____ Married ____ Single ____ Divorced ____ Widowed ____ Separated ____

Alberta Health Care # _____ Height: _____ Weight: _____

Which one of patients referred you to our office _____

Or was it by ; Internet ____ Location ____ Signage ____ Advertising ____ where / how / others _____

Name of Parents if a Minor: _____

Emergency Contact Name: _____ Phone number: _____

Name of Spouse: _____ Number of Children: _____

Employed by: _____ Occupation: _____

Have you received Chiropractic Care Before? ____ Where? _____

Number of immediate family members presently being treated in this office? _____

Email Address _____

Chief complains or concerns:

Would you like our offices to provide a team member to present a health and wellness talks such as ergonomics, lifting, sleep troubles, carpal tunnel, and stress busters to your sports team/workplace/community group?

Yes, I'm interested and would like some more information _____

No thank-you, I am not interested. _____