

Synergy Wellness Clinic
138 NE 2 AVE SUITE 300 Miami, FL 33132
Office (305) 371-5775 Fax (305) 675-5797
www.synergywellnessclinic.com

PATIENT & INSURANCE INFORMATION

Date: _____ Services: Chiropractic Acupuncture Massage Hypnosis/Bio

How did you hear about us? (Check one) Walk In Website Yellow Pages Attorney

Direct Mail Special Event BNI Loved One _____ Radio / TV _____

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home # _____ Cell # _____ Work # _____

Email _____ Marital Status: Single, Married, Divorced, Widowed

Date of Birth _____ SS# _____ Male or Female (circle one)

Emergency Contact _____ Relation _____ Cell Phone # _____

Employment Information

Employer _____ Occupation _____

Employer Address _____

Automobile and / or Health Insurance

Insurance Company Name _____

Claims Bill Address _____

Policy # _____ Health Group # _____

Insured's Name _____ SS# _____

Address _____ Phone # _____

Insured's Date of Birth _____ Male or Female (circle one)

Patient Relationship to Insured: Self Spouse Child Other (circle one)

Claim # _____ Attorney _____ Phone # _____

Insurance Adjuster _____ Phone # _____ Ext _____