University Health Center
7797 N. University Drive, Suite 101
Tamarac, Florida 33321
Phone: 954-722-6050
Fax: 954-720-7776

PATIENT CHECK-IN FORM

In order to expedite your check-in process, please print these "Patient Check-In" forms. Also print the "HIPAA" forms also available in our website. Complete all these forms prior to your appointment and give them to our receptionist at the time of check-in.

Today's Date: _____ /_____ /_____
(month) (day) (year)

How did you hear about us? ***(please check one)***

- ☐ Mall Promotion
- ☐ Yellow Pages
- ☐ Internet
- ☐ Current Patient or Friend *(please specify)* _____
- ☐ Doctor Referral *(please specify)* _____
- ☐ Attorney Referral *(please specify)* _____
- ☐ Other *(please specify)* _____

Personal Information:

First Name: _____ Last Name: _____

Date of Birth: _____ /_____ /_____ SSN#: _____ - _____ - _____
(day) (month) (year)

Cell Number: ( ) _____ - _____

Home Number: ( ) _____ - _____

Work Number: ( ) _____ - _____ Ext: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

We are HIPAA compliant! Your information WILL be protected.

Occupation: _____

Emergency Contact: _____ Phone: ( ) _____ - _____

Questionnaire:

Do you have any pain or discomfort? ☐ Yes ☐ No *(check one box)*

If Yes, What areas? _____

Any health conditions we should be aware of? _____

_____

Have you had Massage therapy before? ☐ Yes ☐ No *(check one box)*

Have you had Chiropractic care before? ☐ Yes ☐ No *(check one box)*

Have you had Physical therapy before? ☐ Yes ☐ No *(check one box)*

Have you been in an automobile accident? ☐ Yes ☐ No *(check one box)*

If Yes, When? _____

Where? _____

Do you have health insurance? ☐ Yes ☐ No *(check one box)*

If Yes, What is the Company name? _____

It is a: ☐ PPO/POS ☐ HMO ☐ Medicare/Medicaid *(check all that apply)*

Do you have a secondary policy? ☐ Yes ☐ No *(check one box)*

If Yes, What is the Company name? _____

Please print these pages and bring them to our office

We are HIPAA compliant! Your information WILL be protected.