



Dr. John D. Belde
Dr. Jonas T. Johnson
211 Hwy 25
P.O. Box 717
Monticello, MN 55362
763.295.4105

Patient General Information

Date _____

Name _____ Date of Birth _____ Gender _____

Address _____ Social Security No. _____

City/State _____ Zip _____ Marital Status: M S

Phone Numbers: (home) _____ (work) _____ (cell) _____

Email Address (to receive Belde Chiropractic newsletter) _____

Employment: employed: Full-time/Part-time Employer: _____

student

Payment Information: Cash (payment due at time of service)

Insurance (please provide card for copying)

Auto Accident/Work Injury (additional information required)

Person Providing Insurance (the insured): (circle one) Self Spouse Parent

If other than Self:

Name _____ Date of Birth _____

Employer _____

Insurance Authorization:

Assignment of Benefits. Authorization and Release.

I authorize payment of insurance benefits directly to Belde Chiropractic clinic, PA. I understand and agree to allow this office to use the patient information I provided to obtain payment and determine my treatment. I understand that I am responsible for all costs of care regardless of insurance coverage.

Signature of patient (or guardian)

Date

Privacy Practices:

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**You may refuse to sign this acknowledgement.*

I, _____, have received a copy of this office's Notice of Privacy Practices.

Print Name _____ Date _____

Signature _____

Heath History (circle all that apply)

Bursitis	Arthritis	Chest pain	Palpitations	Painful urination
Headache	Dizziness	Shoulder pain	Heart attack	Numbness
Asthma	Neck pain	Nervousness	Rectal itching	Digestive disorder
Back pain	Fatigue	Sinus pain	Ankle swelling	Menstrual cramps
Depression	Constipation	Weight loss	Rheumatic fever	Low blood pressure
Eye pain	Hot flashes	Allergies	Anemia	High blood pressure
Knee pain	Diabetes	Stroke	Thyroid problems	

List any medications/spinal conditions or surgeries:

In the past 6 months have you been involved in an automobile collision or work related injury? Y or N

Whom may we thank for referring you to our office? _____