

# PYNKERTON CHIROPRACTIC GROUP, PC DEMOGRAPHIC SHEET

UPDATE

Left - Sec I - Part 1

**A. PATIENT INFORMATION** (EZBis/Filing/General 1-24)

Account No.

Name First  MI  Last  Suffix

Called Name  Birthdate  Age

Address

City  State  Zip

Soc. Sec.  Date of Account

Phone  Work Status:  Employed

Work Phone   Full-Time Student

Cell Phone   Part-Time Student

Pager No.   Other

Email Address

Sex:  Male  Female

OFFICE USE  Phone

Marital:  Single  Widowed

ONLY:  Cell

Separated  Divorced

RECALL  Text Message

Married  Unknown

SYSTEM  Email

**B. NEAREST RELATIVE NOT LIVING WITH YOU:**

Name First  MI  Last  Suffix

Address

City  State  Zip

Phone  Cell Phone

**C. OFFICE USE ONLY** (EZBis/Filing/General 25-30)

Account Category  PI  CA  MM  MC  WC  MK

Account Type:  6  4  8  3  9  7

Accounting Method  none

Default Service

Code Set  STD

Doctor  1

