Dr. James E. Hollingsworth
• Chiropractic Physician
• Diplomate American Academy of Pain Management
• Clinical Member American Psychotherapy and
Medical Hypnosis Association

Minor Intake Form - Hypnosis

Please answer all questions completely

Date: _____

Name_____ Social Security #_____ Home Phone_____

Address_____ City_____ State_____ Zip_____

School_____ Grade _____ Birthdate_____ Age _____

Father's Name_____ Birthdate _____ Soc. Sec. #_____ Phone_____

Employer_____ Occupation_____ Employer's Address_____

Mother's Name_____ Birthdate _____ Soc. Sec. #_____ Phone_____

Employer_____ Occupation_____ Employer's Address_____

Referred by _____ Address_____ City/Zip _____

Purpose of this appointment (major complaint)_____

_____

_____

Financial Agreement

Name of person responsible for payment_____

Method of payment: Cash_____ Insurance_____Visa/Mastercard_____ Other_____

Payment is expected at time of visit, unless other arrangements are made.

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that this chiropractic office will prepare any neccessary reports and forms to assist me in making collections from the insurance carrier and that any amount authorized to be paid directly to this chiropractic office will be credited to my account on receipt. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care or treatment, any fees for professional services rendered me will be immediately due and payable and that interest is charged at the rate of 1.5% percent per month (18% per annum) on those amounts 60 days and over. I further authorize and allow Dr. James E. Hollingsworth, associates, and his staff to perform necessary tests and to render appropriate chiropractic care, clinical hypnosis, and counseling.

Patient's signature_____

Parent or Guardian _____

Information taken by_____ Date_____
