



PATIENT CONFIDENTIAL HEALTH FORMS

Dr. Josh B. Knotts
1804 Williamson Ct. Ste 108
Brentwood, TN 37027
615.942.5222
myalignhealth.com

Please allow our staff to photocopy your driver's license and insurance details. All information your supply is confidential. We comply with all federal privacy standards. Please print clearly.

Today's Date ___/___/___
Last Name First Name MI Preferred Name
Male Female Date of Birth ___/___/___ Age: ___ SSN: ___
Address: ___ City: ___ State: ___ Zip Code: ___
Home Phone (___) ___ Cell Phone (___) ___
Work Phone (___) ___ Email: ___
Employer: ___ Occupation: ___
Employer Address: ___ City: ___ State: ___ Zip: ___
Emergency Contact: ___ Emergency Phone: ___
Status: ___ Minor ___ Single ___ Married ___ Divorced ___ Widowed
Spouse's Name: ___ Do you have any children? ___ Yes ___ No How many ___
Have you consulted a Chiropractor before? ___ Yes ___ No If so, whom? ___
Referred by: ___

Your Insurance Information

So we can determine reimbursement

Insurance Co. Name: ___

Address: ___

City State Zip Code

Insurance ID No: ___

Group No: ___

Insured's Name: ___

Relationship to you: ___

Date of Birth of Insured: ___/___/___

Insured's Employer: ___

Account Information

Person ultimately responsible for this account

Name: ___

Relation: ___

Billing Address: ___

City State Zip Code

D.L.# ___

Work # ___

Payment Method ___ Cash ___ Check

___ Credit Card ___ (Type)

Credit Card Number Exp Date

I understand that outstanding balances of more than 30 days will be charged to this account Initials

It's your Life...Live in Health!