

**Dr. Gary Vernon**  
1225 Birch Street Suite C  
Helena, MT 59601

**[REDACTED]** (If more space is needed when filling in certain sections, please feel free to provide separate sheet)

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female SS# \_\_\_\_\_

Primary Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Best Phone and Times to Reach You: \_\_\_\_\_ Contact Preference ( )email ( )text message

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Genetic Background:  African  Asian  European  Ashkenazi  Native American  
 Middle Eastern  Mediterranean  Other \_\_\_\_\_

Highest Education Level:  High School or Equivalent  Graduate  Post-Graduate

Employer \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PERSON RESPONSIBLE FOR ACCOUNT \_\_\_\_\_

Address (If different from patient) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you had chiropractic care before? ( ) Yes ( ) No When? \_\_\_\_\_

Name of Chiropractor \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

( ) Website ( ) Media ( ) Other \_\_\_\_\_