Dr. Mark Saracino
Board Certified
Chiropractic Neurologist

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(Please print and fill-out this form then bring it to the office, or fill-out online and email to: mark.saracino1@juno.com or fax to 610 337 4858.)

Welcome. Every attempt will be made to make your visits pleasant and beneficial. This could be your first experience with a Chiropractic Neurologist, because there are few Board Certified Chiropractors in this specialty. So if you have any questions please feel free to ask. **Chiropractic has always valued the importance of good patient-doctor dialogue.** Please complete this form; the information is important to aid in your prompt recovery.

Name_____Cell Phone_____

Address_____S.S.#_____

City_____State_____Zip Code_____

Date of birth_____/_____/_____ single{ } married{ } divorced{ } widowed{ }

E-mail address_____ number of children_____

Employer_____Occupation_____

Address_____Work Phone_____

City_____State_____Zip Code_____

Describe your daily living/working activities_____

_____

Briefly describe your present ailmenst_____

_____

Date you first noticed symptoms_____/_____/_____How did they occur?_____

_____

Have you previously experienced similar symptoms?_____When?____/____/_____

Have you ever received manipulations from a physician?_____When?____/____/_____

For what condition?_____

Are you currently receiving treatment from a physician?_____

Doctor's name?_____Phone_____

Address_____

Describe treatment and reason_____

Are you currently on medication?_____What?_____

List major surgical history_____

_____

Whom shall I thank for your referral?_____

Are you presently involved with a special diet, exercise or therapeutic plan?_____

Describe_____

_____

Special interests/hobbies/activities_____

Payment for services and products is required at the time performed or given, unless other arrangements have been made. When the doctor accepts assignment for your insurance contract, keep in mind that the contract is between you and your carrier only. Any denial of coverage that results in a reduced or nonpayment and leaves a balance to the doctor then becomes your responsibility to pay the doctor, within 15 days of written notification of denial by the insurance company or this office, whichever comes first. The balance due is then subject to an interest charge of 1.5% per month (18% per annum) on accounts more than 30 days past due, and will accrue from the date of service, not the billing date. An additional 20% attorney's fee will be included should your account be referred to an attorney for collection.

Signature_____Date ____/_____/_____

I acknowledge seeing the posted Receipt of Notice of Privacy Practices for Protected Health Information in Dr Saracino's waiting room.

Signature_____Date____/_____/_____