

Chico Chiropractic Center
1140 Mangrove Ave, Ste C
Chico, CA 95926
Phone: 530.345.3043
Fax: 530.345.2104

New Patient Paperwork Instructions

1. Please fill in the **Personal History Form** as completely as possible, *especially marking on the figure on page 2 indicating what areas you would like Dr. Weddell to address.*
2. Please make sure you read the **Informed Consent** and mark in the box that you read it. *If you don't read it, the state law requires Dr. Weddell to read it to you.*
3. If we are going to be billing insurance for you, please contact your insurance company to find out what your benefits and co-pays are. If you are unsure, you can call the office and we will try to answer any questions you have. *Also, make sure you bring your insurance cards with you on your first visit.*
4. If you are under 18, please make sure you fill out the **Consent to Treat a Minor** form and ***have it signed by your parent or legal guardian.*** You must be accompanied by a parent or legal guardian on your first visit.
5. If your injuries are a result of an automobile or work accident, please fill out the **Personal Injury Questionnaire** and **call the office so we can discuss your special circumstances.** We will be unable to treat you for either of these injuries without prior contact with us.

If you have any questions regarding the pre-registration paperwork, please feel free to call our office and we will make every effort to answer your questions.

Sincerely,
Office Staff