

**Tampa Sports
& Wellness
Chiropractic**



**PATIENT DEMOGRAPHICS
FOR CRMA**

3712 W. Euclid Ave.
Tampa, FL 33629

P: 813.600.5391
F: 813.600.5291

Your X-Ray Focal Distance Required:	Cervical	<input type="checkbox"/> 72"	<input type="checkbox"/> 40"	<input type="checkbox"/> DMX (36")	<input type="checkbox"/> Other	Date of X-rays:
	Lumbar	<input type="checkbox"/> 40"	<input type="checkbox"/> Other			

1 Patient Details

First Name: _____ Last Name: _____
 DOB: _____ Date of Accident: _____ Sex: Male Female
 Address: _____ Home Phone: _____
 City: _____ State: _____ Zip: _____ Work Phone: _____

2 Referring/Treating Physician Details

Name: _____ Check Applicable: M.D. D.O. D.C.
 Clinic Name: _____ E-Mail: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Fax: _____

Please submit all billing information available, i.e.: Med Pay, PIP, Liability, Health Insurance and Attorney Information.

3 Attorney Details

Name: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Fax: _____

4 Insurance Details

Name of Insured: _____
 Relationship to the Patient: Self Spouse Child Other: _____
 Primary Insurance Company _____ Secondary Insurance Company _____
 Address: _____ Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Telephone: _____
 Claim # / ID #: _____ Claim # / ID #: _____
 Group# / Policy #: _____ Group# / Policy #: _____
 Adjuster / Contact _____ Adjuster / Contact _____

CRMA Requires 3 views per spinal region. (Flexion, extension, neutral lateral)