

# ACCIDENT INJURY THERAPY CENTER, INC.

Dr. Stephanie Tureck-Hochman, D.C.

24 Derby Avenue Derby, CT 06418

Telephone: 203-735-5555 Fax: 203-734-0447

## PERSONAL INFORMATION QUESTIONNAIRE

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

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

Home Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ (check)

Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Married: Yes \_\_\_ No \_\_\_ (check) If yes, Name of Spouse: \_\_\_\_\_

Children: Yes \_\_\_ No \_\_\_ (check) If yes, # of Children: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Law Firm: \_\_\_\_\_

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

**Please give the following to the receptionist: 1. auto insurance card 2. Police report**

Auto Insurance Company Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

Adjuster: \_\_\_\_\_ Med. Pay. Coverage: Yes \_\_\_ No \_\_\_ (check) \$: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Claim #: \_\_\_\_\_

**Please give the following to the receptionist: 1. health insurance card**

Health Insurance Company: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Policy #: \_\_\_\_\_

**Please give the following to the receptionist: 1. Driver's License**