



“From Seed to Supplement”

Schippel Chiropractic
Dr. Annette Kutz Schippel
1429 South Main Street – Jacksonville, IL 62650
Phone (217) 245-9797 Fax (217) 245-2524
Email: schippelchiropractic@yahoo.com
www.schippelchiro.com

Date _____

Full Name _____ DOB ____ / ____ / ____

Address _____ Phone _____

City, State, Zip _____ Cell _____

Email _____ Skype _____ Fax _____

Sex M F Age ____ Marital Status ____ Single ____ Married ____ Widowed ____ Divorced ____

Occupation _____ Height _____ Weight _____

Who is your primary care physician? _____

Are you seeing any other healthcare provider? _____

Who may we thank for referring you to Dr. Annette Schippel? _____

Billing Information:

Credit Card Type: Visa / MasterCard / Discover (please circle one)

CC #: _____ Expiration Date: _____ / _____

HIPPA – NOTICE OF PRIVACY POLICIES

The notice of privacy practices describes how we may use and disclose your protected health information to carry out treatment, payment or other healthcare operations. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health. Please be advised that our office may deem it necessary to discuss your PHI with other treatment facilities, laboratories, or payment centers, among other reasons, with or without your consent. A full explanation of our rights and responsibilities as a healthcare facility and your rights as a patient, under HIPPA requirements, is available upon request.

Please sign to confirm that you have read and understand our privacy policies.

Patient Signature _____ Date _____

DISCLAIMER

Please be advised that the nutritional and herbal programs that are administered by our office, and/or Dr. Annette Schippel are not intended as a primary therapy for any disease, but rather to provide nutritional and herbal support for normal body physiology and repair. Also be advised that any and all testing ordered by our office and/or Dr. Annette Schippel, whether it be by saliva, hair analysis and/or blood work is not used to treat or diagnose any disease. These types of testing simply offer guidance on how to use whole food supplements and herbs to support and balance the body, while dealing with imbalances.

Please sign to confirm that you have read and understand our disclaimer.

Patient Signature _____ Date _____

Thank you so much for taking the time to fill out this packet of information.

Please meet Dr. Annette Schippel ...



We look so forward to working with and getting to know you. We are dedicated to finding the best individual path for each of our patients.