



GRANDE RONDE CHIROPRACTIC CLINIC LLC

DR. CASEY A. MCKEOWN DC, DACBSP

1108 J Avenue

La Grande, OR 97850

Phone: (541)963-0339

Fax: (541)663-8882

Date: _____

P a t i e n t D e m o g r a p h i c I n f o r m a t i o n

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ SSN: _____ Gender: Male Female

Marital Status: Married Single Divorced Widowed Other

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell (: _____ Home (: _____ Work (: _____
Okay to leave message: Yes No *Okay to leave message:* Yes No *Okay to leave message:* Yes No

Email: _____

Employment Status: Employed Student Unemployed Retired Other

Employer: _____

Emergency Contact: _____

Relationship to Patient: _____ Phone: _____

Insurance Information (if applicable):

Primary Policy

Company: _____ ID#: _____ Group#: _____

Secondary Policy

Company: _____ ID#: _____ Group#: _____

How did you hear about our office?