

Upper Cervical Care Application Through the Craniocervical Foundation



Contact Information

Name:

Street Address:

City

State:

Zip Code:

Phone:

Email:

What symptom(s) are you most concerned about? Check all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Numbness/Tingling | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Dizziness or Vertigo | <input type="checkbox"/> Trouble Sleeping |
| <input type="checkbox"/> Mid Back Pain | <input type="checkbox"/> Brain Fog | <input type="checkbox"/> Visual Disturbances |
| <input type="checkbox"/> Low Back Pain | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Temporal Mandibular Disfunction |

How did you hear about the Craniocervical Foundation (CCF)?

- | | |
|--|--|
| <input type="checkbox"/> Current Patient | Patient Name: _____ |
| <input type="checkbox"/> Another Provider | Provider Name: _____ |
| <input type="checkbox"/> Internet/Facebook/Instagram/YouTube | <input type="checkbox"/> Met the doctors |
| <input type="checkbox"/> Other _____ | |

Needed documentation to prove past/present military enrollment or financial hardship:

- Proof of Active Duty Military or Veteran status
- Proof of disability (physician note, federal documentation, etc.)
- Show financial hardship (last 2 pay stubs, Adjusted Gross Income, or Medicaid card)

Why are you interested in upper cervical care with the help of CCF?

1-3 sentences about what your goals for care are and why you feel like you qualify for subsidized care.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted for subsidized care, false statements, omissions, or other misrepresentations made by me on this application may result in my immediate cessation of care. I also understand that any and all fees incurred are my responsibility to cover.

Name (printed): _____

Signature:

Date: _____

Please return completed application with supporting documentation to the Craniocervical Foundation.

Your application will be processed as soon as possible