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Effective 6/10/10

New Patient Information (Please Print)

1. Patient Information

Patient Full Name: _____

Date of Birth: _____ Male / Female

Email Address: _____

Primary Phone: _____ Cell / Home / Work

Alternate Phone: _____ Cell / Home / Work

Address: _____

2. Notice of Privacy Practices dated 4/15/2010 (see attached)

I have been provided with a copy of the Notice of Privacy Practices. Initial: _____

3. Insurance

Do you have Insurance: Yes / No If yes, please present your card and ID.

4. Agreement to financial obligation form dated 6/10/2010. (see attached)

I agree to pay for services rendered per the attached financial obligation document.

Signature: _____ Date: _____

5. Payment Method for visit fees, co-pays, or other services.

How will you be paying today? Cash / Credit Card / Check