



PATIENT INFORMATION

Name: _____ Date: _____

Name of Guardian if under 18 years old: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell / pager: _____ Age: _____ Date of Birth: _____

To receive our monthly specials, please provide email: _____

Employer: _____ Occupation: _____

Pharmacy Name: _____ Pharmacy Tel. _____

How did you hear about us?

- Friend? Name: _____
- Publication? Name: _____
- Physician? Name: _____
- Website
- Brochure in treatment room
- Walking through the Hallway
- Recording on hold

Confirming Appointments

When we make a reminder call before an appointment, is it OK to leave a message on an answering machine or with the person who answers, if it is not yourself?

- YES Signature: _____
- NO

Please note: We do charge a \$20 fee for missed appointments (excluding those which require deposits). Please initial: _____

I have received the HIPPA privacy notice. Please initial: _____