

# PATIENT REGISTRATION AND MEDICAL HISTORY

(PLEASE PRINT)

Date: \_\_\_\_\_

Patient: \_\_\_\_\_  
Last Name First Name Initial Preferred Name

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex ☐ M ☐ F Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Home Ph.: \_\_\_\_\_ Work Ph.: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Best phone # to confirm your appointment: \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

If Internet, please check one: ☐ Google ☐ Yelp ☐ Yellow Pages.com ☐ Yahoo

☐ Phone book ☐ Bing ☐ Insurance website ☐ Facebook

In case of emergency, who should be notified? \_\_\_\_\_

## ***Cancellation Notice***

To be able to serve all patients with the same commitment, keep in mind that scheduled appointments are extremely precious. If you cannot keep a scheduled appointment, a 48 hour cancellation notice by you is required. We do realize that certain emergencies are unavoidable.

Missed appointments without a 48 hour cancellation notice will be charged at the rate of \$50 for each scheduled hour. Saturday missed appointments will be charged at the rate of \$75 for each scheduled hour. Please remember that other patients may have desired that time.

Patient Initials: \_\_\_\_\_