



Please fill out and return all paperwork as soon as you can. This will help to speed along the check in process for your first visit.

NEW PATIENT INFORMATION

First Name _____ Last Name _____ Middle Initial _____

Preferred Name _____ Date of Birth _____ Sex Male Female

Social Security # _____ Email _____

Driver's License # _____ State _____ Expiration _____

Phone Numbers

Home Number _____

Work Number _____

*Cell Number _____

*Text will be sent for appointment reminders

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Is patient the Responsible Party? Yes No If no please fill out responsible party form

Does patient have insurance? Yes No If yes please fill out insurance form

Is the patient a minor? Yes No If yes you do not need to fill out Hipaa Form

How did you hear about us _____