



**Patient Information**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Last First

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

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Employer \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

May we send mail to your address? Yes No

Emergency Contact : Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Did someone refer you here? \_\_\_\_\_

**Notice of Privacy Practice**

I received a Notice of Privacy Practice on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Name (print): \_\_\_\_\_

Patient Signature \_\_\_\_\_

Patient unable or refused to sign acknowledgement \_\_\_\_\_