

CONFIDENTIAL PATIENT INFORMATION

Name _____ Age _____ Birth Date _____

Address _____ City/State _____ Zip _____

* My HOME - CELL - WORK (circle one please) is the best daytime phone number at which I may be reached.

Home Phone _____ Cell Phone _____

Occupation _____ Work Phone _____

Employer _____ Employer Address _____

Do you have: (check one) _____ Blue Cross/Blue Shield ? _____ Other insurance ? _____ Medicare ?

Please note that Alternative Health Solutions does not participate with health or auto insurance. It is the patient's responsibility to submit receipts for reimbursement. An itemized receipt showing diagnosis and procedure codes will be provided upon each and every visit.

Social Security Number _____ Primary Care Physician: _____

Spouse/Significant other _____ Spouse/Significant other phone _____

Is spouse/significant other the best person to contact in case of emergency ? _____ YES _____ NO

If no, provide emergency contact: _____ Relationship _____

Phone _____ Alternate Phone _____

WHO MAY WE THANK FOR REFERRING YOU? _____ - _____
(name) (are they a friend, relative, coworker?)

Alternative Health Solutions frequently maintains a waiting list. Therefore, with every missed appointment - the opportunity to schedule another patient needing treatment becomes a missed opportunity. For the welfare of everyone in our care, and to help minimize this occurrence, we ask our patients to observe our 24-hour rescheduling policy.

Please call to reschedule appointments in advance, should a conflict arise in your schedule. If a 24-hour notice is not possible, we greatly appreciate any advance notice you are able to provide. A fee equivalent to the current regular office visit will be charged, following two missed appointments within a 12 - month period.

Thank you for your cooperation!

Name of Patient

Patient Signature (or signature of personal representative)

Date

Personal representative's relationship to Patient

* If you did not circle your best daytime phone number (above), please do so. Thank you.