

Please write legibly. If I can't read your phone number or email, I won't be able to contact you in an emergency.

Name (first, middle, last)

Age

Birthdate

Address

City, State, Zip

Phone (best)

Phone (next best)

Email if okay to contact you this way

Emergency contact (best)

Relationship

Their phone #

Emergency contact (next best)

Relationship

Their phone #

Who may I thank for referring you?

Current medications (include name, milligrams, how many a day)

Drug allergies

Women: Are you pregnant?

Date of last menstrual period

I accept these office policies:

- 1) Cancel at least 24 hours ahead of appointment time, or pay full fee for that time.
- 2) May bill my credit card for missed appointments.
- 3) Fees: Doctor fills out letters or forms: \$35 per page, or pro-rated \$325/hour. Returned check \$35.
- 4) \$50 for refills required between appointments (talk to doctor about how to avoid needing this)

No replacement for lost or stolen prescriptions for abusable drugs like Adderall or Xanax.

Signature

Date