the Center for Stress Medicine

Patient Registration

Thank you for selecting our healthcare team! We will strive to provide you with the best possible healthcare. To help us meet all your needs, please fill out this form completely. If you need assistance please ask we will be happy to help.

PERSONAL INFORMATION:

Name: _____ Date: _____

Address: _____ Birth Date: _____

City, State, Zip:_____ Soc. Sec. #: _____

Home Phone: _____ Work: _____ Cell: _____

Wish to be called: _____ Email:_____

Male ☐ Female ☐ Minor ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐

Employer:_____ Occupation: _____

Address: _____

Referred By: _____

Do you have Medicare? Yes ☐ No ☐

RESPONSIBLE PARTY: ***Who is responsible for this account?***

Name:_____ Relationship to client: _____

Address: _____

Emergency Contact: Name and relation_____ Phone Number_____

Preferred Pharmacy: _____

Medication/Food Allergies_____

AUTHORIZATION AND RELEASE

I authorize the release of any information including the diagnosis and the records of any treatment or examination rendered to me or my minor child, during the period of such care to third party payors and/or other health practitioners. I also authorize The Center for Stress Medicine and Panacea Integrative Medicine to charge the following credit card for any services, co-pays or deductibles not reimbursed by insurance or for services which were to be paid for in full at the time of service:

credit card #:_____expiration date:_____
billing zip code:_____ CVC/CVV Code_____

_____ _____
Signature Date

FINANCIAL ARRANGMENTS

For phone appointments we would prefer to have your credit card information on file for billing the day of your appointment. If you prefer to pay with a personal check we need to receive it in the office by the day of appointment. For your convenience we offer the following methods of payment: Cash, Personal Check, Debit, Master Card, Visa and American Express. All payments are due at the time of service, all payments made after the date of service are subject to a $20 billing fee.