

Anew10: Patient Details_copy

Personal Details

First Name * _____

Last Name * _____

Date of Birth * / / (MM/DD/YYYY)

Gender * Male Female
 Unknown

Gender Identity Male Female
 Transgender Male Transgender Female
 Genderqueer Other

Blood Group _____

Language _____

Race American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander
 White

Ethnicity Hispanic or Latino Not Hispanic or Latino

Employment Status Employed Full-Time Student
 Part-Time Student Unemployed
 Retired

Marital Status Single Married
 Others

Smoking Status Current every day smoker Current some day smoker
 Former Smoker Never Smoker
 Smoker, current status unknown Unknown if ever smoked

Primary source of contact? * Email Cell Phone
 Other Phone

Other or Preferred phone _____

Cell Phone

Work Phone

Email Address

First Name

Last Name

Phone

If you answered no, what is the name, relationship and birthday of the primary card holder?

You are responsible for payment prior to video consultations and health coaching sessions. A receipt will be generated with appropriate diagnostic codes for you to submit to either your HSA, FSA or Health Insurance. You may or may not be reimbursed at 100% for our services by your HSA, FSA or Health Insurance. We will supply the appropriate documentation to assist you in reimbursement.

I understand
 Others _____

Appointment Responsibility

A \$20 fee will be assessed for all appointment cancelled without 24 hour notice.

PATIENT SIGNATURE :
