



PATIENT REGISTRATION FORM

Today's date: _____

Last Name: _____ First Name: _____ MI: _____

Maiden Name: _____ Date of Birth: ____/____/____ Age: _____ Gender: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone (home): _____ (work): _____ (cell) _____

Email Address (optional): _____ May we contact you by email? Yes ___ No ___

Where may we leave messages? Home # ___ Work# ___ Cell# ___

MINORS ONLY: Mother, Father or Guardian's Name: _____

Married: ___ Partnership: ___ Separated: ___ Divorced: ___ Widowed: ___ Single: ___

Live with: Spouse: ___ Partner: ___ Parents: ___ Children: ___ Friends: ___ Alone: ___

Occupation: _____ Hours per week: _____

Employer Name and Address: _____

Emergency Contact: _____ Relationship: _____ Contact Phone #: _____

How did you hear about Biologic Integrative Healthcare LLC? _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Biologic Integrative Healthcare LLC (BIH) is required to provide you with a copy of our Notice of Privacy Practices and to obtain written acknowledgement, if possible, that it has been received. This Notice describes how medical information about me may be used and disclosed, and how I can access this information.

I, _____, hereby acknowledge that I have received a copy of Biologic Integrative Healthcare's Notice of Privacy Practices. I understand that a record will be kept of the services provided by BIH and this record will be kept confidential (i.e. It will not be released to others unless so directed by me or my representative or otherwise permitted or required by law.)

Signature _____ Date _____ Relationship to patient, if signed by someone other than patient. _____

FOR OFFICE USE ONLY: _____ UNABLE TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT

This section serves as a record of BIH's good faith effort to obtain written acknowledgement from the patient of receipt of the Notice of Privacy Practices, received on: _____

- o Patient refused to sign acknowledgement
o Patient is physically unable to sign acknowledgment.
o Other: _____