



Heads & **Hearts** Healing Together

### Patient Registration Information

Please **PRINT AND** complete ALL sections below!

<b>PATIENT'S PERSONAL INFORMATION</b>	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
Name: _____ <small>last name first name initial</small>	
Date of Birth: ____ / ____ / ____ Social Security #: ____ - ____ - ____	
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____	
Address: _____ Apt. #: ____ City: _____ State: ____ Zip: _____	
Email: _____ Preferred method of contact: cell ____ home ____ work ____ email ____	
<b>PATIENT 'S / RESPONSIBLE PARTY INFORMATION</b>	<b>Relationship to Patient:</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other: _____
Name: _____ <small>last name first name initial</small>	
Date of Birth: ____ / ____ / ____ Social Security #: ____ - ____ - ____	
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____	
Address: _____ Apt. #: ____ City: _____ State: ____ Zip: _____	
<b>PHARMACY INFORMATION</b>	
Name: _____	
Address: _____ City: _____ State: ____ Zip: _____	
Phone: (____) _____ Fax: (____) _____	
<b>EMERGENCY CONTACT</b>	
Name: _____ Relationship: _____	
Address: _____ City: _____ State: ____ Zip: _____	
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____	

### Financial Responsibility Agreement

I understand that I am financially responsible for all charges not covered by my membership in Dr Lindy MD. In the event of default I agree to pay all costs of collections, and reasonable attorney's fees. I hereby authorize this healthcare provider to release all information necessary to secure the payment of benefits.

I further agree that a photocopy of this agreement shall be as valid as the original.

Date: \_\_\_\_\_ Your Signature: \_\_\_\_\_