



Patient Intake Forms – Clarification of responsibility of both parties

FORM 1, 2, 3 & 4 Requires Action on your part.

FORM-1 This very page requires a signature signifying you have received and agree to forms 2-9.

FORM-2 HIPAA acknowledgement

Please fill this form out to include anyone you grant permission to receive your personal health information such as family members or other physicians. **SEPARATE SIGNED PAGE**

FORM-3: Credit Card Form

FORM-4 Intake Questionnaire

Please return this to our office at least 1 week prior to your scheduled appointment

FORM-5: Financial Responsibility Statement

FORM-6: Patient Waiver

FORM-7 Patient Handbook

FORM-8: Medicare Private Contract

FORM-9 HIPAA Long Form – for your review.

Forms 5 through 9 are provided for your benefit and understanding but do not require action.

I have read and understand these documents entirely and I have been given the opportunity to receive a verbal explanation from the attending consultants and they have satisfactorily answered all of my questions and/or doubts.

I understand and agree to the information contained here, on this date: _____

Client's Name: (PRINT) _____

Client/Responsible Party Signature:
