



DIETITIAN FOR DIABETES & WEIGHT CONTROL
— WHERE EAST MEETS WEST —

7281 W. Sahara Ste 100, Room 120, Las Vegas, Nevada 89117
Phone: (702) 525-1105 Fax: (702) 666-8555

Patient Registration Form

Patient Information

Last Name: _____ First Name: _____ MI: _____
Mailing Address: _____ City/State/Zip: _____
Physical Address: _____ City/State/Zip: _____
Primary Phone: _____ Type: Home/Cell/Work **Message OK?** Y or N
Alternate Phone: _____ Type: Home/Cell/Work **Message OK?** Y or N
Email: _____ Used for **Doctor Contact** Y or N **Newsletter** Y or N
Social Security Number: _____ Date of Birth: _____ Male/Female
Marital Status: S M D W O
Employer: _____ Occupation: _____

Referring Physician or Current Primary Physician: _____

Responsible Party Information (Parent information if patient is a Minor)

Name: _____
Address: _____ City/State/Zip: _____
Primary Phone: _____ Alternate Phone: _____

Insurance Information

*Primary Insurance Company Name: _____
*Patients Relationship to Insurance Subscriber: Self / Spouse / Child / Other
*Name of Subscriber: _____ *Date of Birth: _____
*Social Security Number: _____ Male / Female
*Insurance ID#: _____ Group#: _____ Effective Date: _____

*Secondary Insurance Company Name: _____
*Patients Relationship to Insurance Subscriber: Self / Spouse / Child / Other
*Name of Insured: _____ *Date of Birth: _____
*Social Security Number: _____ Male / Female
*Insurance ID#: _____ Group#: _____ Effective Date: _____

Emergency Contact Information

Name: _____ Relationship: _____
Primary Phone: _____ Alternate Phone: _____

I certify that the above is true and correct to the best of my knowledge. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Patient/Responsible Party Signature: _____

Responsible Party's Relationship to Patient: _____

Today's Date: _____