



## WELCOME TO OUR HOSPITAL

**NEW CLIENT INFORMATION:**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ E Mail: \_\_\_\_\_

Spouse: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ E Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**HOW DID YOU BECOME AWARE OF OUR HOSPITAL?**

PHONE BOOK [ ] DROVE BY [ ] I AM A PREVIOUS CLIENT [ ] FRIDAY FLYER [ ]

INTERNET SEARCH/WEBSITE [ ] OTHER: \_\_\_\_\_

OR REFERRED BY: \_\_\_\_\_

***I certify that I am at least 18 years of age, that I am aware I am responsible for all fees incurred and that these fees are due at the time they are rendered. I also certify that all the information above is correct.***

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CLIENT SIGNATURE

DATE