



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.

CLIENT SIGNATURE

DATE