

CLINICA



**vida
natural**
THE NATURAL LIFE CLINIC

1149 E. Walnut Avenue
Dalton, GA 30720
(706) 529-1149

date ____/____/____

Confidential Information

Name _____ Middle _____ Last _____

Date of Birth ____/____/____ Sex M / F

Marital Status _____ Spouse _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile _____

Company name _____

Position _____ Telephone _____

E-mail address _____

May we send information to you at the above email address ? Yes No

How did you find out about our practice? _____

Health Insurance? Yes No Social Sec # _____

are you the policyholder ? Yes No

What is the reason for today's visit? _____

Have you received previous treatment for this condition? _____

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician, I understand that I am financially responsible for any balance. I also authorize the clinic to release any information required to process my claims..

signature X _____

date ____/____/____