

# Village Osteopath

## NEW PATIENT REGISTRATION - PLEASE COMPLETE ALL INFORMATION

Patient Name \_\_\_\_\_ SS# \_\_\_\_\_ Date \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status (circle): S M D W Sep  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Street Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ E-mail \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Care Doctor \_\_\_\_\_

Office Number \_\_\_\_\_

Last Physical Exam \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

: Goal Weight \_\_\_\_\_

Lowest Adult Weight (after age 18) \_\_\_\_\_

Main Reason for Visit \_\_\_\_\_

REFERRED BY \_\_\_\_\_

### MEDICATION ALLERGIES

*NO KNOWN ALLERGIES*

Name of Medications	Reaction

## HIPPA Patient Contact Information

By signing below I am allowing the staff at the Village Osteopath to contact me. If I am not available, a message will be left that may contain personal medical information. If I wish to exclude someone from this policy or alter it in any way, then I will write it below under "alternate instructions".

Signature: \_\_\_\_\_

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

Alternate Instructions: \_\_\_\_\_