

Personal Information

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Work Phone _____

Cell Phone _____

Email _____

Birth Date _____ Age _____
Married Single Divorced Widowed Separated

If minor (under 18) and/or Primary responsible party (insurance purpose)

Name of responsible party _____

DOB _____

Address (if different from above) _____

Primary Phone _____

Relationship (spouse, parent, etc) _____

Primary Care Provider

Name _____

Phone Number _____

Person to Contact in Case of Emergency:

Name _____

Relationship _____

Cell phone _____

Work phone _____

Home phone _____

Address _____

Getting To Know You

Is another family member/relative a patient here?

No Yes Name: _____

Referred by:

Family Member _____

Friend _____

Other (Explain) _____

I understand that I am financially responsible for all charges. Dr. Han accepts cash, check, or credit card payment at the time of service.

In order to best serve patients, Dr. Han requires 24-hour notification for cancelled appointments. Patients who do not cancel appointments within 24 hours will be charged 50% of the appointment fee.

Signature _____ Print _____ Date _____