



186 South 1100 East American Fork, UT 84003
Phone: 801-756-5136

New Patient Form				
Please fill out the information to the best of your knowledge. All answers will be kept confidential. If you have any questions, please ask us and we'll be happy to assist you.			Date:	Patient #:
Patient information				
First name:		Middle name:	Last name:	Preferred name:
Sex:	Age:	Marital Status:	Date of Birth (mm/dd/yyyy):	Social Security #:
Please tell us how you heard about us:				
Home Phone:		Cell phone:	Email Address:	
Home address:			City:	State: Zip:
Employer's name:				
Emergency Contact Information				
First name:		Last name:	Relationship to patient:	Phone number:
Person Responsible For Account (Please only fill out if patient is under 18)				
First name:		Last name:	Relationship to patient:	
Date of birth (mm/dd/yyyy):		Social Security #:	Driver's License State & #:	
Home phone:		Cell phone:	Email address:	
Billing address:			City:	State: Zip:
Employer's name:			Employer's phone #:	