



# Patient Information Form

Patient Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Name you prefer to be called: \_\_\_\_\_

Patient Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Country of Birth: \_\_\_\_\_ Country of Parents' Birth: \_\_\_\_\_

Referred by: \_\_\_\_\_

## **Employment Information:**

Patient Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work phone No: \_\_\_\_\_ Ext. \_\_\_\_\_

## **In Case of Emergency:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient's Spouse/Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_



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**Financial Policy:**

Thank you for selecting Dr. Cruz for your health care needs. We are honored to be of service to you and your family. This is to inform you of our billing requirements and our financial policy. Please be advised that payment for all services will be due at the time services are rendered unless prior arrangements have been made. For your convenience, we accept Visa, MasterCard, American Express, Discover, Care Credit and checks.

I agree that should this account be referred to an agency or an attorney for collection, I will be responsible for all collection costs, attorney's fees and court costs.

I have read and understand all of the above and have agreed to these statements.

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**Patient's Signature**

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**Date**

**Photograph Consent:**

I authorize Greater Orlando Medical Weight Loss to take my photograph during the initial consultation and when I reach my weight loss goal. I understand that these photographs are for office use and will be kept in my medical and electronic chart at all times.

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**Patient's Signature**

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**Date**

**I consent to my pictures being placed on the G.O. "success" board.**

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Initials

**I consent to my pictures being used on the G.O. website.**

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Initials

**I consent to my pictures being used In the email news publications**

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Initials