



Patient Registration

Patient Information:

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: () _____ Work #: () _____ Cell #: () _____

Social Security #: _____ Date of Birth: _____ Age: _____

Gender: M__F__ Marital Status: _____ Email Address: _____

How did you hear about our practice?: _____

I have come to Heal n Cure based upon my interest in (mark all that apply):

INSPIRE (medically supervised weight loss program) ___

BLISS (lipo-laser treatment) ___

LUSTRE (aesthetic laser treatment) ___

*Complimentary Consults with one of our Lifestyle Educators are available for explanation and more information on any of our offered programs.

Employment Information:

Employer: _____

Address: _____

Occupation: _____ Phone #: () _____

Emergency Contact:

Name: _____ Relation: _____ Phone #: _____

Booking Future Appointments:

For our patient's convenience, booking, rescheduling and managing your next appointment with Heal n Cure can be accomplished in person at our office, by phone (847.686.4444), or online through our **uBook** feature at www.healncure.com.

Statement of Acknowledgement:

I certify that information provided is true and accurate. I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance of my account. I authorize payment of medical benefits to Heal n Cure when assignment has been taken. I have read the office financial policy and agree to all terms and conditions. I authorize Heal n Cure to use or disclose any information for treatment, payment, and healthcare operations. I authorize that the physicians and/or employees of Heal n Cure can contact me via all necessary means (phone, email, fax, etc) or leave me a message if they are unable to contact me directly. I acknowledge that I have received a copy of the Notice of Privacy Practices.

Signature:_____

Date:_____