



## REGISTRATION FORM

*Instructions: This is a multi-page fillable PDF form. Please fill out all pages in Acrobat Reader, Microsoft Edge or Google Chrome. Email the completed form to julie@parknclinic.com.*

Today's date:

### PATIENT INFORMATION

Name:	FIRST	M.I.	LAST	PREFERRED
Date of birth:	Age:			
Sex:	<input type="radio"/> Male <input type="radio"/> Female			
Address:	STREET	CITY	STATE	ZIP
Preferred phone:				
Email:				
Marital status:	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Committed			
Employment status:	Employed?	<input type="radio"/> Yes <input type="radio"/> No	Student?	<input type="radio"/> Yes <input type="radio"/> No

Occupation:

Referred by:

### EMERGENCY CONTACT

Name:	Phone:
Relationship:	

### PHARMACY

Name:	Phone:
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### CARE PROVIDERS

Primary care provider:	Last visit:
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Please list other specialists you see:

May we contact you regarding your protected health information?

By email?  Yes  No      By phone?  Yes  No      Leave voicemail?  Yes  No

## MEDICATIONS

Please provide a list of your current medications:

## SUPPLEMENTS

Please provide a list of your current supplements:

## DRUG ALLERGIES

Please list any drug allergies:

## PRICING OF VISITS

New patient appointments (40 minutes):	\$250
Follow-up visits (30 minutes):	\$200

Monthly check-ins are highly recommended during your weight loss phase. Those visits are \$100. Once you have entered weight maintenance, we can discuss a customized follow-up plan for you with follow-up visits every 3 months (\$200). Payments are due at the time of service. While the clinic does access FSA/HSA and credit cards, a processing fee of 3.5% will be added to the total. You can avoid those fees by using Zelle with phone number 615-557-7585.

### ***Park NP Clinic does not accept insurance.***

You may use your insurance for any testing ordered. If your insurance does not cover certain tests, a cash pay price may be more affordable with particular vendors.

## TELEHEALTH CONSENT

- 1 I authorize Julie Park, APRN to use a HIPAA compliant telehealth practice platform for consultations, evaluation, order testing and diagnosing my medical condition.
- 2 I understand that technical difficulties may occur before or during my telehealth sessions and my appointment may not start or end as intended.
- 3 I accept, if technical requirements cannot be met, my visit can be conducted via a regular phone communication.
- 4 I understand if a telehealth visit is appropriately indicated, that visit will be charged like an in-person office visit. Payment will be due at the time of service.
- 5 I agree that my medical records can be kept for further evaluation, analysis and documentation. My information will be kept private in all of these circumstances.

***Park NP Clinic is not an urgent care facility. It is a sole provider practice and by appointment only. If you have a medical issue that requires immediate attention, please proceed to the nearest emergency room or urgent care center.***

If you need to make an appointment or request a refill , you may call or text the office at 615-557-7585 or email Julie directly at Julie@parknpclinic.com.

I have received a copy of the Notice of Privacy Practices \_\_\_\_\_

Signature \_\_\_\_\_