



5121 Maryland Way, Suite 215 • Brentwood, TN 37027
(615) 557-7585 fax (615) 246-3958

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@parknpclinic.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:

MEDICATION	DOSE	FREQUENCY	PRESCRIBING PROVIDER

SUPPLEMENTS

Please provide a list of your current supplements:

SUPPLEMENT	DOSE	YEARS OF USE	SOURCE

DRUG ALLERGIES

Please list any drug allergies:

MEDICATION	REACTION

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 accept 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 _____