

LATA SONPAL PHD FCHT., P.A.

PATIENT INFORMATION

Name: _____ Date: ____/____/____

Social Security Number: ____-____-____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: ____-____-____ Work: ____-____-____ Cell: ____-____-____

Phone number(s) you prefer us to use when calling to remind you of an appointment:

Home: ☐ Yes ☐ No Work: ☐ Yes ☐ No Cell: ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced

Do you have Medicare? ☐ Yes ☐ No Medicaid? ☐ Yes ☐ No

Referred by? _____
(Name & Telephone #) May we contact the referral source to thank them? ☐ Yes ☐ No

Reason for Appointment/Main Problem: _____

Please list any significant medical problems: _____

Are you taking medications? ☐ Yes ☐ No

If Yes, Please list: _____

PLEASE NOTE:

As a reminder, we routinely telephone patients the day before their scheduled appointments. If you do not want to be contacted by telephone, please let us know.

If you are unable to keep your appointment, we ask that you give us a 72 hours notice, because it is not possible to fill appointments with less than three business days' notice. It will be necessary to bill for late cancellations and "no shows" at the rate of 50% of the office visit charge.

Please initial to acknowledge that you understand our cancellation policy. _____

Payment is due at the time of visit unless other arrangements have been made in advance.

Patient Acknowledgement of Access to the
Notice of Privacy Practice of **LATA SONPAL PHD FCHT., P.A.**

I hereby acknowledge access to the Notice of Privacy Practices of
LATA SONPAL PHD FCHT., P.A. 7756 North Kendall Drive, #496, Miami, FL 33156-8550

Print Name: _____

Signature: _____

Date: _____

For Office Use Only:

**following section to be completed when this form is not signed and dated
by the patient or patient's guardian/parent:**

Patient Name: _____

The date of request for signature: _____

**The reason that the signature was not obtained (circle the appropriate one
one):**

Refused

Emergency

Other

**Signature of the person completing the "For Office Use Only" section of
The form**

Signature: _____

Date: _____