

# Lata Sonpal, Ph.D., FChT., P.A.

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## 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 Ph.D. FCht PA**

**I hereby acknowledge access to the Notice of Privacy Practices of Lata Sonpal Ph.D.  
FCht PA, 7742 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:** \_\_\_\_\_