

Sonia Juneja, MD
Patient Registration and Acknowledgement of Forms

Demographic Information

Today's date: ____/____/____

Full legal name: _____ Preferred name: _____

Marital status: ___ Married ___ Single ___ Divorced ___ separated ___ widowed ___ Other

Gender: ___ Male ___ Female

Date of Birth: ____/____/____ Age: _____

Social Security no: _____ Driver's License number: _____

Address: _____

City, State, Zip: _____

Cell phone: _____ Ok to leave message? ___ Yes ___ No

Home phone: _____ Ok to leave message? ___ Yes ___ No

Work Phone: _____ Ok to leave message? ___ Yes ___ No

Email: _____ Ok to send message? ___ Yes ___ No

Guarantor/Financially Responsible party

Name: _____ Relationship to the patient: _____

Address: _____

Tel: _____

Spouse/Partner's full name: _____

Occupation: _____

Employer/Address: _____

Referring/Primary care physician: _____

Address/Phone: _____

How did you hear about my practice? _____

What was the main reason why you chose my practice? _____

In Case of Emergency

name of local friend or relative (not living at the same address): _____

Relationship: _____ Home phone: _____

Cell: _____ Work Phone: _____

The above information is true to the best of my knowledge. I certify that this office has provided me a copy of its **Policies and Procedures for patients and Consent for treatment**, and I agree to its terms, including the payment policy, email policy and no show policy. I certify that the office has given me an opportunity to review its **Notices of Privacy Policies**, and I agree to its terms. I understand that I am responsible for payment in full at the time services are rendered. I understand that Dr. Juneja does not participate with Insurance plans and she has opted out of participation with Medicare, and the Medicare beneficiaries cannot submit claims for payment to Medicare for services rendered by Dr. Juneja. I authorize Dr. Juneja to release medical Information to my referring or primary care physician to assist with continuity of care. This release will expire one year from the date of my signature below, unless I cancel this release in writing prior to that date.

Signature: _____ Date: _____