

Demographic Information

Name _____ Date of Birth _____

Male/Female _____ Email _____

Single Married Significant Other Widowed Separated Divorced

Cell Phone _____ Work _____ Home _____

Address _____ Apartment _____

City _____ State _____ Zip Code _____

Employer _____

If Minor (under 18) or Under Care of Responsible Party:

Name of Responsible _____ Date of Birth _____

Address (if different from above) _____

City _____ State _____ Zip Code _____

Cell Phone _____ Work _____ Home _____

Emergency Contact

Name _____ Phone _____

Primary Doctor _____ Phone _____

How Did You Hear About Dr. Simms? _____

I understand that I am financially responsible for all charges whether or not paid by insurance. Dr. Simms accepts cash, check, or credit card payment at the time of service.

In order to best serve patients, Dr. Simms requires 24 hour notification for cancelled appointments. Patients who do not cancel appointments within 24 hours will be charged 50% of the appointment fee.

Signature _____

Print Name _____

Date _____