

**ANNAPOLIS INTEGRATIVE MEDICINE**

**ALAN WEISS, MD**

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Dear patient:

Welcome to our practice. Please fill in the following information:

**PATIENT REGISTRATION - Please print clearly**

PATIENT NAME <i>FIRST</i> <i>MIDDLE</i> <i>LAST</i>			DATE OF BIRTH	AGE	SEX
HOME ADDRESS			CITY	STATE	ZIP CODE
OCCUPATION	EMPLOYED <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> RET'D <input type="checkbox"/> STUDENT	SOC.SEC#	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W	HOME PHONE	
E-MAIL ADDRESS			WORK PHONE	CELL PHONE	
SPOUSE/PARENT NAME	SPOUSE/PARENT EMPLOYER		SPOUSE/PARENT WORK PHONE		
SPOUSE/PARENT ADDRESS					
EMERGENCY CONTACT	RELATIONSHIP	HOME PHONE		WORK PHONE	
EMERGENCY CONTACT ADDRESS					
REFERRING PHYSICIAN	ADDRESS			TELEPHONE	

I recognize that Dr. Weiss is acting as my consultant, and I agree to have a primary care doctor unless specific arrangements are made with Dr Weiss for primary care services. Dr. Weiss is often out of town and only available during his office hours. He practices a holistic style of medicine, and many physicians consider holistic practices to be controversial. Dr. Weiss does not participate with any insurance, and I agree to pay and be responsible for all charges at the time of service. (Even if the charges are not covered by my HMO.)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

We look forward to being an active participant in your care and look forward to working with you!