Arbor Lane Medical Group

# REGISTRATION FORM

(Please Print)

| Today's date: | Form Completed by |
|---|---|

## PATIENT INFORMATION

| Last name: | First: | Middle: | Marital status (circle one)<br>Single / Married / Divorced / Sep / Widow |
|---|---|---|---|

| Is this your legal name?<br>❑ Yes ❑ No | If not, what is your legal name? | (Former name): | Birth date:<br>/ / | Age: | Sex:<br>❑ M ❑ F |
|---|---|---|---|---|---|

| Street address: | Social Security no.: | Home phone no.:<br>( ) |
|---|---|---|

| P.O. box: | City: | State: | ZIP Code: |
|---|---|---|---|

| Country of birth: | Referred By : |
|---|---|

## INS PHYSICAL HEALTH SCREENING QUESTIONS

Do you have any health problems?
❑ Yes
❑ No

Are you currently taking any medications?
❑ Yes
❑ No

Have you ever had a Positive TB skin test?
❑ Yes
❑ No

Have you ever had Chicken Pox?
❑Yes
❑ No

Any history of Drug abuse/ Addiction?
❑Yes
❑ No

Have you ever been treated for TB?
❑ Yes
❑ No

Any history of mental health disorder?
❑ Yes
❑ No

Any history of Sexually Transmitted disease?
❑ Yes
❑ No

## I693 FEES

Physical Examination with Tuberculosis test and reading, and blood test for Syphilis and Gonorrhea – $230

### Additional Vaccines

| MMR-$70.00 | Varicella-$120.00 | Tetanus-$40.00 | Influenza-$20.00 |
|---|---|---|---|

Patient Signature_____Date:_____