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| **Alka Sheth, MS, RDN** |
| **Premier Nutrition Services, Inc.** |
| 2 Hunt Ct, West Windsor, NJ 08550 |
| Phone: (609) 712-1040 Email: alka1759@yahoo.com [www.eatsmartlivewell.com](http://www.eatsmartlivewell.com) |

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|  | **$** |  **Date** |
| **Copay** |  |  |
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| **PATIENT REGISTRATION** |
|  **Dx (for provider only):**  |
| **Patient Name:**  | **Date of Birth:**  |
| **Sex: M / F**  | **Address:** |
| **City:**  | **State:**  | **Zip:**  |
| **Cell Phone:**  | **Home Phone:**  |
| **Email:**  | **Profession/Occupation:**  |
| **How did you hear about us (circle one):** **Google / Doctor / Insurance site / Friend / Family / Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| **Primary Insured Name:**  | **Primary Insured DOB:**  |
| **Relationship to patient: (circle one) 🡪 Self / Spouse / Child / Other** |
| **Insurance Company:**  | **Insurance ID:** |
|  |
| **Ref. Physician Name:**  |
| **Physician Location:**  | **City:**  | **State:**  | **Zip:**  |
|  |
| **Spouse Name:**  | **Spouse Date of Birth:**  |
| **Spouse Profession / Occupation:**  |
|  |
| **My Employment Status (circle one): Full Time / Part time / Retired / Unemployed** |
| **My Employer Name:**  |
| **My Employer’s City & State:** |
|  |

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 **Patient/Guardian Signature Date**