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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](mailto:alka1759@yahoo.com) [www.eatsmartlivewell.com](http://www.eatsmartlivewell.com) |

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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**