WESTERN WAKE WELLNESS, PLLC

401 KEISLER DRIVE
SUITE 101
CARY NC 27518
919-378-1492
www.WakeWellness.com

Legal Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth date: ____/____/____ Age: _____ Sex: Male Female

Social Security Number: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Nickname? _____ Language: English or other _____

Employer: _____ Address: _____

Email address: _____

Marital Status: Single Married Divorced Widowed Number of Children: _____

Race: White / American Indian or Alaska Native / Asian / Black or African
Native Hawaiian or Pacific Islander / Other / I Decline to Answer

Ethnicity: Not Hispanic or Latino / Hispanic or Latino / I Decline to Answer

GUARANTOR INFO: (Person Responsible for Bill) **Please use full legal names**

Relationship to Patient: Spouse _____ Parent _____ Other _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth ____/____/_____ Home Phone (_____) _____ - _____ Social Security # _____

Employer Name and Address: _____

How did you hear about us? Referred by: _____ Found us on the web? YES NO

PRIMARY HEALTH INSURANCE: (Please bring card with you)

Insurance Company: _____

Is this Health Insurance Policy in your name? YES If NO, please fill in information on next line:

Policy Holder's Name: _____ Date of Birth: _____

Relationship to Patient: Self Spouse Child Other

Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices for the above named practice

_____ Signature _____ Date

Office Use only

We were unable to obtain written acknowledgement of receipt of the Notice of Privacy Practices because:

1. An emergency existed and a signature was not possible
2. The individual refused to sign
3. A copy was mailed with a request for a signature by return mail
4. Unable to communicate with patient due to _____
5. Other _____