

ATHENS NATURAL MEDICINE
675 PULASKI STREET STE 1300
ATHENS, GEORGIA 30606

Please *print* registration information. Thank you.

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Today's date: _____

First Name _____ M.I. _____ LastName _____

Phone#: Home _____ Work _____ Cell _____

Street Address: _____

City: _____

Sex: _____ Age: _____ Birth Date: _____ Single/ Partnered/ Married/ Other_ (circle)

Occupation: _____ Employer Name: _____

Who is financially responsible for this account? _____

Spouse/partner's name: _____ phone # _____

Emergency contact name: _____ phone # _____

My general practitioner or OBGYN is _____

I understand that although Naturopathic Physicians are licensed health care providers in many states, they are not currently licensed in Georgia and that any naturopathic therapies or modalities recommended by Dr. Allen are not meant to replace conventional treatments prescribed by my M.D.

I understand that Naturopathic physicians are not covered by insurance companies in Georgia and that all payments are due at the time of services rendered.

I understand that if I do not cancel an appointment with 24 hours notice I will be charged the full cost of the appointment.

Patient or Guardian's signature _____

In the space below tell me how you found out about my practice and if you were referred by someone. Thank you.