



GENERAL CLIENT & PATIENT INFORMATION

First Name _____ Last Name _____ MI _____

Nickname _____ Maiden Name (if applicable) _____

Address _____ Apt./Unit # _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Alternative/Business Phone (____) _____ Ext. _____

Email _____

Sex Female _____ Male _____ Birthday (MM/DD/YY) _____/_____/_____

Non-Binary _____

How would you like to be contacted for appointment reminders:

- Text SMS Email Phone No Contact

How would you like to be contacted for promotions/specials/Open House info:

- Email Mail No Contact

Referred by: Walk-In

Amir Baluch, M.D.

Friend/Colleague (May we ask who?) _____

Advertising (May we ask what method?) _____

Other _____

Please note: We take your privacy very seriously and we comply with all applicable HIPAA laws, as well as State and Federal privacy laws. We will never sell, give or otherwise share your personal information with anyone and we employ industry-leading encryption hardware and software to safeguard your private and/or financial information. We are certified with all major credit card security initiatives, including Visa Cardholder Information Security Program (CISP), MasterCard® (SDP), and Discover Information Security and Compliance (DISC).