

**ADVANCED MEDICINE**  
**3135 PEOPLES ST SUITE 400, JOHNSON CITY, TN 37604, T: 423.854.9200**

(Please Print)

Today's date:							
PATIENT INFORMATION							
Patient's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former name):			Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Social Security no.:		Home/Cell phone no.: (    )		
P.O. box:		City:		State:		ZIP Code:	
Occupation:		Employer:			Employer phone no.: (    )		
Chose clinic because/Referred to clinic by (please check one box):				<input type="checkbox"/> Dr.	<input type="checkbox"/> Insurance Plan	<input type="checkbox"/> Hospital	
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other			
Email Address:							

Medication Allergies:

IN CASE OF EMERGENCY			
Name of local friend or relative:	Relationship to patient:	Home phone no.: (    )	Work phone no.: (    )

**PAYMENT IS EXPECTED AT THE TIME OF SERVICE:** The typical professional fee is a minimum of \$80 for any visit; however, any additional services, procedures, or programs will have an additional cost. Payment can be made with cash, check, or credit card. **WE DO NOT FILE ANY INSURANCE. If you desire we will provide you with an itemized receipt to file with your insurance.** YOU CAN NOT FILE MEDICARE, AS I AM NOT A MEDICARE PROVIDER.

**CURRENT CLINIC POLICIES:**

- We do not take care of hospitalized patients.
- We do not take calls outside of office hours. If you feel you need medical attention when our office is closed, we recommend that you use the ER at one of the local hospitals.
- We do not treat chronic pain that requires narcotic pain medications on a daily basis.
- We offer quick care, I do not follow chronic, ongoing care, so the patient understands and is encouraged to have a primary care physician. We take no responsibility for any other medical condition known or unknown you might have and **you are responsible for seeing your primary health care provider for complete medical care.**
- Aesthetic procedures may not always have the desired outcome and patient assumes risk of any adverse side effects.
- The weight loss program doesn't work for everyone. Diet and exercise play a big part and physician has made no guarantees or claims that treatments will be successful. The weight loss shot is not a FDA approved nor is it required to be as with this or any injection. There could be a reaction and patient agrees to assume any risk of injury or loss. All the ingredients of the weight loss shot are obtained from an FDA approved facility.
- Hormone evaluation and ongoing care is provided. For risks and benefits refer to the Advanced Medicine consent forms.
- Prepaid products or services must be used within a year. Products or services may not be returned, but can be exchanged for a company credit.

**INFORMED CONSENT:** I am giving my consent for the physician at Advanced Medicine to evaluate and treat the patient named above. I understand that I am responsible for paying my bills at the time of service.

**Patient Signature**

**Date**