PERLIS WELLNESS CENTER

Cheryl Perlis, MD
81 E. Scranton Avenue, Lake Bluff, IL 60044
Phone: 847-295-5997 Fax: 847-295-6340
www.perliswellnesscenter.com

REGISTRATION/DEMOGRAPHIC INFORMATION

Date: _____ □ New □ Update

Name: _____ DOB: _____ SSN:_____

Address: _____

City: _____ State: _____ Zip:_____

Home Phone: _____Cell Phone: _____

Email Address: _____

Do you prefer email or text for appointment confirmation? □ Email □ Text Cellphone Carrier: _____

Receive updates regarding wellness tips, promotions & events? □ Yes □ No

Gender: □ Male □ Female

Status: □ Married □ Single □ Divorced □Widowed

HOW WERE YOU REFERRED TO US?

Please check all that apply and list name if space is provided.

□ Friend _____ □ Physician _____
□ Flyer_____ □ Ad/Listing (list publication) _____ □Event _____
□ Facebook □ Other _____

EMPLOYMENT INFORMATION

□ NOT EMPLOYED (If Checked, Skip to Next Section)

Employer:_____ Occupation:_____
Employer's Address:_____
City:_____ State:_____ Zip:_____
Work Phone:_____

PHYSICIAN & PHARMACY INFORMATION

Primary Physician:_____ Physician's Phone:_____
Physician's Address:_____

Preferred Pharmacy Name:_____ Pharmacy Phone:_____
Pharmacy's Address:_____

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EMERGENCY CONTACT INFORMATION

Name:_____ Relationship to You:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

PRIMARY INSURANCE

Insurance Company:_____ Group #:_____

ID #:_____ SSN of Holder:_____

Address:_____

Phone:_____ Effective Date:_____

Name of Cardholder:_____ DOB:_____

Employer:_____ Relationship to Insured:_____

SECONDARY INSURANCE

Insurance Company:_____ Group #:_____

ID #:_____ SSN of Holder:_____

Address:_____

Phone:_____ Effective Date:_____

Name of Cardholder:_____ DOB:_____

Employer:_____ Relationship to Insured:_____

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

I authorize payment of medical benefits to Dr. Cheryl Perlis and Perlis Wellness Center for professional services rendered. I authorize the release of any medical information necessary to process insurance claims.

_____

Signature Date