



954, Lake Baldwin Ln, Orlando, FL 32814
 Ph: 407-478-9797 Fax:407-478-9798
 www.sajune.com

Patient Last Name _____ First Name _____ D.O.B _____

Care Of: _____ (Parent or financially responsible person)

Phone (WK) _____ Phone(CELL) _____ Email: _____

Address _____ City _____ State _____ Zip _____

SS# _____ - _____ - _____

Married ____ Single ____ Widowed ____ Divorced ____ No of Children _____

Employment: Full Time ____ Part Time ____ Retired ____ Not Employed _____

Student: Full Time ____ Part Time _____

Patient's Employer: _____ Occupation: _____

Primary Care Physician: _____ Phone: _____

Referred to the Clinic by:

Internet: _____ Patient: _____ Webinar: _____ Others: _____

SaJune is Authorized to release protected health information to the authorized people named below to enable this office to best coordinate your healthcare. Please list the people you wish us to release health information (check what information they can receive):

Name	Relationship	Medical	Appointment	Financial	All

If you have an answering machine or voice mail, please indicate your consent that we may leave a message regarding the following:

Medical data or results: Yes: _____ No: _____

Appointment Information: Yes: _____ No: _____

Signature of Patient or person legally empowered
 To execute this Consent for patient who is a minor
 Or physically or mentally incompetent

Printed Name

Date

 SaJune Representative