Patient Registration

Date

First Name | MI | Last Name

I prefer to be called

Residence Street Address (No PO Boxes)

City, State, Zip Code

Mailing Address if different from Residence

Email Address

Home Phone

Cell Phone

Preferred Method of Contact

- Email ☐
- Home Phone ☐
- Cell Phone ☐

We will call you to confirm your appointment (Please select one):

☐ OK to leave detailed message ☐ Leave only date/time of appointment

How did you hear about us?

❑ TV ❑ Instagram ❑ Facebook ❑ Internet Search/Google

❑ Current Patient Referral (please specify):_____

❑ Other (please specify): _____

Statement of Privacy

At VanderVeer Center, we completely respect your privacy. Your contact information including email address will never be shared outside of VanderVeer.

May we sign you up for our monthly newsletter, special events, & exclusive promotions?

☐ Yes, please text me

☐ Yes, please email me

☐ Same email as above ☐ Other Email: _____