

Initial Consultation Form

Personal Information

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Date of Birth _____ Marital Status (circle one) M S

Referring Physician _____

Physician's Address _____

Endocrinologist _____

Diagnosis _____

Insurance Information

Name of Insurance Carrier

Primary _____ Secondary _____

Primary Insurance No. _____

Secondary Insurance No. _____

Group No. _____

Patient Relationship to Insured _____

Insured Person's Date of Birth if patient is not primary _____

If insured person has different address and phone number, please provide _____

Specialist co-payment? \$_____ Office visit co-payment \$_____
(These are written on insurance card)

Does your insurance carrier require a referral? (circle one) Y N

(If you have a copy of your referral, please bring a copy. Referrals are required at this time for **ALL** Independent Health and Senior Blue participants. Insurance carriers require patients to call their physicians for a referral)

What is the most important information/help you would like to receive today?

I agree to receive nutritional and/or diabetes education from Jeff Ensminger. The information on both page 1 and 2 is accurate and I agree to compensate Jeff Ensminger if my insurance carrier(s) does not cover consultation whether it's due to a non-covered service or the referral from my physician has not been activated or approved.

Signature_____

Date_____

Thank you. Jeff will be with you shortly.

Propel Health, Inc.'s Offices for Consults: 1012A Union Road-within Fitness Factory in Southgate Plaza in West Seneca & 3950 East Robinson Road, Suite 207 in W. Amherst.

Propel Health, Inc.
P.O. Box 543
PHONE: (716) 674-1148
FAX:(716) 674-1153