



PATIENT DEMOGRAPHICS

Total Approach Wellness and Aesthetics
200 Forsythe Street
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Patient Demographics:
Last Name: _____ First Name: _____ MI: _____ DOB: _____ Gender: _____ SSN: _____ Marital Status: _____ Employ. Status: _____ Prof. Title: _____ Address Line 1: _____ Address Line 2: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Work Phone: _____ Work Ext: _____ Cell Phone: _____ Fax: _____ Email: _____
Employment Information:
Employer Name: _____ Employer Phone: _____ Address Line 1: _____ Address Line 2: _____ Employer City: _____ State: _____ Zip: _____
Emergency Contact:
Contact Name: _____ Relationship to Patient: _____ Home Phone: _____ Cell: _____
Primary Insurance: (Labs Only)
Insurance Co. Name: _____ Primary Insured: Last Name: _____ First Name: _____ MI: _____ DOB: _____ SSN of Primary: _____ Patient Relationship To Primary Insured: _____ Subscriber ID: _____ Group #: _____ Plan: _____
Total Approach Wellness and Aesthetics reserves the right to charge a fee for any scheduled visits that are: <ol style="list-style-type: none"> 1. Cancelled with less than 24 hour notice 2. Are missed without calling to cancel (no show) 3. There are NO refunds for consultation Fee (\$87.00) Cancellation Fee Schedule: New Patient Consult \$87.00; Established Patient : \$350.00 ** All Patients credit card will be charged No Show Fee on day of appointment*