

Welcome to the Center for Effective Living

20800 Westgate Professional Bldg., Suite 200, Fairview, Ohio 44126
21403 Chagrin Blvd. Suite 104 Beachwood, OH 44122

Please help us serve you better by providing the following information

General Information

Name (Last, First, Middle) _____

Date of Birth _____ Social Security No. _____

Marital Status _____ Driver's License No. _____

Address _____

City _____ State _____ Zip Code _____

Home Phone No. _____ Cell No. _____

Work Phone No. _____ Email _____

May we contact you by: home phone work phone cell phone e-mail

Name of Spouse or Parent _____

Phone No. _____ Address _____

City _____ State _____ Zip Code _____

Social Security No. _____ Email _____

Children

Name _____ DOB _____ Age _____

Name _____ DOB _____ Age _____

Name _____ DOB _____ Age _____

Whom may we thank for this referral? _____

Medical Information

Chief complaint/Reason for visit _____

List any allergies you have (drugs, food, etc.) _____

List any medications you are currently taking _____

List any conditions we should know about _____

Insurance Information

Primary Insurance Co. _____ ID No. _____

Name of Employer _____ Group No. _____

Name of Insured _____ Social Security No. _____

Subscriber Date of Birth _____

I understand that I am financially responsible for all charges for services to me, including the balance remaining after payment from possible insurance benefits. I authorize payment of medical benefits on the names provided for professional services rendered. I also authorize the release of any medical information necessary to process claims.

Signature _____ Date _____

