

Key West Wellness Center
Dr. Ashley Hoyt, Acupuncture Physician
Dr. Kris M. Bly, MD
3420 Duck Ave; Key West, FL 33040

PATIENT INFORMATION

Name _____ Soc. Sec. # _____
(Last) (First) (M)

Address _____ Age _____ Birth Date _____

City & Zip code _____ M _____ F _____ Single or Married _____

Home Phone # _____ Business Phone # _____

Cell Phone # _____ Out-of-town Phone # _____

**Can we leave a message? _____ Email _____

Employed by _____ Occupation _____

Whom may we thank for referring you? _____

In case of emergency who should be notified? _____ Phone # _____

Are you currently a patient of Dr. Kris Bly? _____

**Have you received Physical Therapy anytime this year? _____ Where? _____

**Have you claimed Workmen's Comp within the past year? _____

If "yes", for what injury? _____

**Have you been in an Auto Accident within the past 2 years? _____

If "yes", please give the date of the accident. _____

Insurance Information Medicare _____ Medicare Supplement _____

Primary Health _____ Auto _____

*please present your insurance card to receptionist for copying

LIFETIME SIGNATURE AUTHORIZATION

I ASSIGN PAYMENT OF MEDICAL BENEFITS DIRECTLY TO Dr. Kris Bly, MD and as applicable to Dr. Ashley Hoyt, AP on my behalf for any services provided to me. I authorize the release of any medical information necessary to process my claim. I understand that I am financially responsible for all charges whether or not paid by insurance. I also understand that 24-hour notice is required for cancellation of appointments or I will pay full fee for missed appointments without proper notice.

X _____
Patient's Signature

Date

PRIVACY PRACTICES ACKNOWLEDGEMENT

I HAVE RECEIVED THE Notice of Privacy Practices and have been provided an opportunity to review it.

Print Patient's Name

Date of Birth

x _____
Signature

Date