



Total Health & Wellness Associates, PLLC

Bringing it all together... Mind, Body & Spirit

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Office Locations

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Suites 100 & 250
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245 Barclay Circle
Suite 400
Rochester Hills, MI 48307

1025 E. Maple Road
Suite B-7A
Birmingham, MI 48009

432 N. Saginaw Street
Suites 415 & 433
Flint, MI 48502

Patient Information Form

Date: _____

Patient Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: _____

Email Address: _____

DOB: _____ **SSN:** _____

Gender: Male // Female **Marital Status:** Single // Married // Separated // Divorced // Widowed

If applicable, Spouse's Name: _____

Patient's Occupation: _____

Place of Employment: _____

Person to Contact in Case of Emergency

Name: _____

Relationship: _____

Phone: _____

Payment/Insurance Information

Insurance Name: _____

Insurance ID: _____ **Group #:** _____

Insurance Subscriber: _____

Person Responsible for out-of-pocket costs: _____

Contact Information for Person Responsible, if not self: _____

Patient Name: _____ **Guardian Name:** _____

Patient/Guardian Signature: _____ **Date:** _____