

Bayside Vein and Laser Center

Roy A. Taylor, M.D., F.A.C.S.

4540 Cordata Parkway Suite 201, Bellingham, WA 98226

360.676.1225

(please print)

Patient's name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email* _____

**Providing email address allows us to send email reminders and newsletters. If you object, please refrain from entering this information.*

Social Security #: _____ Birthdate: _____ Age: _____

Sex: M F Marital status: Married Single Divorced Widowed

Spouse's name: _____ Spouse's birthdate: _____

Patient's employer: _____ Phone: _____

Primary Physician: _____ Referring Doctor: _____

Primary Insurance Co: _____ Secondary Ins. Co. _____

Current Medications (over the counter and prescribed):

Medication Allergies: _____

Emergency Contact: _____ Phone: _____

Relationship to Patient: _____

I understand that I am responsible for the cost of all services performed that my insurance does not cover. If there is no insurance coverage, payment is due at time of service. I understand that missed or rescheduled appointments may result in an additional fee (see Cancellation Policy). I authorize the release of any information needed to determine benefits and I request that payment of authorized benefits for any services furnished to me be paid to Bayside Vein and Laser Center by the insurance providers indicated above for all occasions or services and until revoked.

Signature: _____ **Date:** _____

We keep a record of the health care services we provide you. You may ask to see and copy that record upon signing a "Release of Information." We will not disclose any information about you without your written consent, unless we are compelled to by law.

How did you learn about Bayside Vein & Laser Center? Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Physician referral | <input type="checkbox"/> Internet ad |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Bayside's website www.baysidevein.com |
| <input type="checkbox"/> Radio (circle station):
KAFE KGMI Praise106.5 | <input type="checkbox"/> Brochure or event presentation |
| | <input type="checkbox"/> Newspaper/Magazine ad |
| | Which publication? _____ |