



### Patient Information 病患信息

Today's date 日期 : \_\_\_\_\_  
Patient's Name 姓名: \_\_\_\_\_  
Street街: \_\_\_\_\_  
City城市: \_\_\_\_\_ State 州: \_\_\_\_\_ Zip 郵政編碼: \_\_\_\_\_  
Date of Birth 出生日期: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age 年齡: \_\_\_\_\_  
Sex 性別:  F  M  
Telephone (Home) 電話 (家庭) : (\_\_\_\_) \_\_\_\_\_  
Telephone (Business) 電話 (工作) : (\_\_\_\_) \_\_\_\_\_  
Telephone (Cell) 電話 (手機) : (\_\_\_\_) \_\_\_\_\_  
Occupation 工作: \_\_\_\_\_  
Referring Doctor 推薦醫師: \_\_\_\_\_  
Email Address 電子信箱: \_\_\_\_\_

We use email to communicate with our patients regarding their appointments, follow-up, billing, and practice updates (which are generally in the form of the CityPT newsletter). Your address will not be used by or sold to any 3<sup>rd</sup> party. You may of course unsubscribe from our newsletter at any time. 我們通常通過電子郵件與患者溝通預約、後續探訪、付款和醫療動向等信息 (通常以 CityPT 簡報的形式)。您的地址信息不會透露給第三方。您可以隨時退訂簡報。

### How did you find your way to CityPT?

#### 您怎樣得知CityPT?

- Doctor 醫師  
If so, who 他/她的姓名是 \_\_\_\_\_
- Friend/family member 朋友/家人  
If so, who 他/她的姓名是 \_\_\_\_\_
- I'm a Five Points member 我是Five Points的會員
- I found you online 從網絡得知  
Please specify where 請具體說明哪個網站  
\_\_\_\_\_
- Other 其他渠道: \_\_\_\_\_

### Insurance Information 保險信息

Insurance Company 保險公司: \_\_\_\_\_  
Member ID 會員號: \_\_\_\_\_  
Group # 組別: \_\_\_\_\_  
Policy # 政策號: \_\_\_\_\_  
Address 地址: \_\_\_\_\_  
\_\_\_\_\_  
Telephone 電話: (\_\_\_\_) \_\_\_\_\_  
Insured (if other than patient):  
受保人 (如果非病患) \_\_\_\_\_  
Relationship to patient 與病患關係: \_\_\_\_\_  
D.O.B. of the Insured 受保人出生日期:  
\_\_\_\_/\_\_\_\_/\_\_\_\_