



**Daniel I Newman, M.D., N.D., M.S.O.M.**

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**Personal Information**

Name: \_\_\_\_\_ Parent/Partner's Name: \_\_\_\_\_

Marital Status: Single Married Divorced Partnership Widowed # Children: \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ , \_\_\_\_\_

City State Zip

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Treatment Charges	Emergency Contact Info
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New Patient (2hr appt) \$475.00 New Patient Child (2hr appt.) \$475.00 Returning/Follow Up (30 min.) \$129.00 Returning/Follow Up (1 hr.) \$249.00 Records Review/Report Prep \$250.00 (per hr, billed in 5 min. increments) Medical/Legal Fees <u>Available Upon Request</u>	Name: _____ Relation to PT: _____ Home #: _____ Work/Cell #: _____
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How did you find out about us? \_\_\_\_\_

**For Office Use ONLY:** (Acct Type \_\_\_\_\_)