



John La Puma, MD, FACP

Let Food Be Your Medicine Too!



The Santa Barbara Institute for Medical Nutrition & Healthy Weight

John La Puma, MD, FACP
Director

Registration

Patient Name _____ **Date of Birth** _____
Mailing Address _____ **Zip Code** _____
Social Security # _____ **Home Phone** _____
E-mail Address _____ **Business Phone** _____

Referred By _____
Relationship to you _____
City _____ **State** _____ **Zip** _____

Do you have medical insurance or have Medicare? Yes ___ No ___
If Yes, do you understand that you are personally responsible for all expenses generated by our office? Yes ___ No ___

List your doctors and their specialties - use additional sheet if necessary :

List ALL your current medications and supplements - use other side if necessary:

The information I have provided above is true and correct to the best of my recollection. I understand that payment is due today for services & supplies rendered today; that Healthy Weight Program payment is due on my enrollment, and that payments cannot be returned for any reason.

Signature: _____ **Date:** _____
Printed Name: _____