



Choose The Natural Path LLC

Susan Ventrella, DO, ND

Patient Information Form

Name _____

Mailing Address _____

Physical Address _____

Phone: Home (_____)- _____ - _____ Cell (_____)- _____ - _____

Email: _____

You MUST have a family doctor. Although I am fully trained in Family Medicine, I do not accept insurances. This means that the patient would have trouble accessing their insurance benefits unless they see a Primary Care Physician who takes their insurance. For instance, if I write a script for blood work or testing, I will advise that you speak with your Primary Care Doctor to have it cleared through insurance so that it will not be an additional cost to you, where possible. If your doctor has referred you, this should not be an issue. In the case of specialty lab testing, out of pocket costs may be incurred.

PRIMARY CARE DOCTOR _____

Address _____

Phone: (_____)- _____ - _____

Dr. Ventrella may converse with my Family Doctor if needed: (circle one) Yes / No

How did you find Dr. Susan Ventrella/Choose the Natural Path LLC?

- I am a previous patient
- A friend recommended
- I was referred by physician: _____
- Other: _____

Do you give permission for a message to be left on your phone? (circle one) Yes / No

If so, may a detailed message be left? (circle one) Yes / No

Would you prefer a simple message to call me back? (circle one) Yes / No

EMERGENCY CONTACT #1: _____

Relationship _____

Phone: Home (_____)- _____ - _____ Cell (_____)- _____ - _____

EMERGENCY CONTACT #2: _____

Relationship _____

Phone: Home (_____)- _____ - _____ Cell (_____)- _____ - _____

Signature _____ Date _____