

For Office Use Only

Room #:

Name:



Welcome to Eden Valley Lifestyle Center and Outpatient Center! Thank you for taking time to carefully fill in the information requested.

Full Name: _____

Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____ E-mail: _____

Age: _____ DOB: _____ Sex: M F Height: _____ Weight: _____

Marital Status: M S D W SSN: _____ Religious Affiliation: _____

IN CASE OF EMERGENCY, notify:

Name: _____ Relationship: _____

Phone: _____

I the undersign, do hereby consent to any and all treatments, including medical, physical and hydrotherapy which may be deemed advisable by the physician serving Eden Valley Lifestyle Center and also do hereby grant Eden Valley Lifestyle Center personnel authority to administer and perform all and regular examinations, treatments and diagnostic procedures which may now or during the course of my stay be deemed advisable or necessary.

Signature: _____ Date: _____

I _____, hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes. I also grant to Eden Valley Institute the right to edit, use, and reuse said products for non- profit purposes including use in print, on the internet, and all other forms of media.

Signature: _____ Date: _____

Outpatient _____	18-Day _____	10-Day _____
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