



**The Center for Medical Weight Loss**  
405 Kiva Court Santa Fe, NM 87505  
(505) 988-8005 info@santafeweightloss.com

### **NEW PATIENT INFORMATION**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

What is your preferred contact method?  Home phone  Work Phone  Cell phone

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

In Case of Emergency, please Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you hear about us? (circle all that apply): Patient of Santa Fe Ob/Gyn

Newspaper Magazine Web Search www.mdbethin.com Parent Friend

Doctor recommendation (if yes, name \_\_\_\_\_) Other: \_\_\_\_\_

*\*Email addresses are used only for The Center for Medical Weight Loss news (and seldom more than once per month). We do not sell or otherwise release email addresses of any of our patients to third parties.*