

# ASPIRE<sub>2</sub>HEALTH PA

2298A US 70 Hwy Swannanoa, NC 28778  
phone 828-686-5232 fax 828-686-7269 after hours 828-251-4874  
[www.aspire2health.com](http://www.aspire2health.com)

## NEW PATIENT REGISTRATION

Underlined fields are **REQUIRED**

### PATIENT INFORMATION

<u>Today's Date:</u>	<u>Last Name:</u>	<u>First Name:</u>
Preferred Name:	Middle Name:	Suffix:
<u>Date of Birth:</u>	<u>Sex:</u> Male Female	SSN:
Marital Status: Married Single Divorced	Emergency Contact:	
Separated Widowed Partner	Relationship:	Phone:
Guardian Full Name ( <b>required for minors</b> ):		
How did you hear about us?		

### DEMOGRAPHIC INFORMATION (optional)

Language:	Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	

### CONTACT INFORMATION

<u>Address:</u> [Street/PO Box, City, State, Zip]		
<u>Home Phone:</u>	Mobile Phone: Same as Home? [ ]	Work Phone:
<u>Email:</u> No email? [ ]	<u>Contact Preference:</u> Home Phone Mobile Phone Work Phone Mail Portal	

### GUARANTOR INFORMATION (**required for minors**)

This is where statements are sent. This section is not required if statements should be sent to the patient at the above address.

<u>Last Name:</u>	<u>First Name:</u>	<u>Date of Birth:</u>
SSN:	<u>Phone:</u>	Email:
<u>Address:</u> [Street/PO Box, City, State, Zip] Same as Patient's above? [ ]		

### PRIOR TO PROCESSING YOUR REGISTRATION YOU MUST SUBMIT A VALID PHOTO ID AND INSURANCE CARD(S)

Insurance cards received	Photo ID received	Patient approved	New Appointment Date _____
FOR OFFICE USE ONLY			New Appointment Time _____
All items completed			