



Anointed Health Partners, Ltd.
2315 East 93rd Street, Suite 440 • Chicago, IL 60617
773 . 768 . 2535 (office) • 773 . 374 . 4079 (fax)

Welcome To Our Office

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Fax: (_____) _____

Birth Date _____ Social Security Number _____

Email: _____

Employer: _____

Employer's Address: _____

Length of Employment: _____ Age: _____

(Complete this section only if someone other than the patient is financially responsible)

Responsible Party: _____ Relationship to Patient: _____

Address: _____

Phone: _____ Work Phone: _____

Employer: _____ Length of Employment: _____

Employer's Address: _____

In Case of an Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Work Phone: _____

How did you hear about this office: _____

