



John La Puma, MD, FACP

Let Food Be Your Medicine Too!



# The Santa Barbara Institute for Medical Nutrition & Healthy Weight

John La Puma, MD, FACP  
Director

## Registration

**Patient Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Social Security #** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**E-mail Address** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Referred By** \_\_\_\_\_  
**Relationship to you** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Do you have medical insurance or have Medicare? Yes \_\_\_ No \_\_\_  
 If Yes, do you understand that you are personally responsible for all expenses generated by our office? Yes \_\_\_ No \_\_\_

List your doctors and their specialties - use additional sheet if necessary :

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List ALL your current medications and supplements - use other side if necessary:

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The information I have provided above is true and correct to the best of my recollection. I understand that payment is due today for services & supplies rendered today; that Healthy Weight Program payment is due on my enrollment, and that payments cannot be returned for any reason.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_