



EDEN SPA PATIENT INTAKE FORM

Please fill out and fax or email to your preferred location.

☐ **Eden Spa Orlando**

2501 North Orange Avenue, Suite 186
Orlando, FL 32804
(407) 303-9727 | Fax (407) 303-0625
FH.EdenSpaOrlando@FLHosp.org

☐ **Eden Spa Altamonte**

601 East Altamonte Drive, Suite 1721
Orlando, FL 32804
(407) 303-3348 | Fax (407) 303-3335
FH.Alt.Eden.Spa@FLHosp.org

Appointment Date _____

Appointment Time _____

Patient Information:

Last Name _____ First Name _____ Middle Initial _____ Birthdate _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Social Security Number _____ Patient Employer _____

Employer Address _____ Work Phone _____

Employment Status: ☐ Full Time ☐ Part Time ☐ Retired ☐ Student

Guarantor Information

Primary Insurance Holder _____ DOB _____ SSN _____

Employer _____ Holder's Phone Number _____

Insurance

Primary Insurance _____ Group Number _____ I.D. Number _____

Address _____ Provider Phone Number _____ Fax Number _____

Secondary Insurance _____ Group Number _____ I.D. Number _____

Address _____ Provider Phone Number _____ Fax Number _____

Emergency Contact Information

Name _____ Relationship _____ Phone Number _____

Cell Phone Number _____

Prescription Information

Referring Physician _____ Phone Number _____ Fax Number _____

Primary Care Physician _____ Phone Number _____ Fax Number _____

Diagnosis _____ Items Needed _____

Patient has script

☐ Y or ☐ N

Please bring prescription to your appointment.