



Comfort the body. Renew the soul.

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@AdventHealth.com

Eden Spa Altamonte

601 East Altamonte Drive, Suite 1721
Altamonte Springs, FL 32701
(407) 303-3348 | Fax (407) 303-3335
FH.Alt.Eden.Spa@AdventHealth.com

Appointment Date _____ Appointment Time _____

Patient Information:*

Last Name _____ First Name _____ Middle Initial _____ Birthdate _____

Home Phone _____ Cell Phone _____ Email _____

Patient has script*

Y or N **Please bring prescription to your appointment.**

Prescription Information*

Referring Physician _____ Phone Number _____ Fax Number _____

Primary Care Physician _____ Phone Number _____ Fax Number _____

Diagnosis _____

Items Needed _____

Insurance*

Primary Insurance _____ Group Number _____ ID Number _____

Address _____ Provider Phone Number _____ Fax Number _____

Secondary Insurance _____ Group Number _____ ID Number _____

Address _____ Provider Phone Number _____ Fax Number _____

Guarantor Information*

Primary Insurance Holder _____ DOB _____ SSN _____

Employer _____ Holder's Phone Number _____

Patient Contact Information:

Mailing Address _____ City _____ State _____ Zip _____

Social Security Number _____ Driver's License _____ Driver's License State _____

Patient Employer _____

Employer Address _____ Work Phone _____

Emergency Contact Information

Name _____ Relationship _____ Phone Number _____

Cell Phone Number _____

Other information

Employment Status: Full Time Part Time **Retired Retirement Date** ___/___/___ Student

Marital Status: Single Married Separated Divorced Widowed

Ethnicity Origin (Race) White Hispanic or Latino Black or African American Native American or American Indian
 Asian / Pacific Islander Other _____

Religion: _____

Language Preference

What language do you speak? _____

What language do you want to speak with your doctor or nurse? _____

In what language do you read medical or healthcare instructions? _____

* Required information