



LifeTime Health Center  
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Tyler, TX 75701  
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## Patient Registration

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent or Guardian (for minor patient) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(City, State, Zip)

Home Phone# \_\_\_\_\_ Work# \_\_\_\_\_

Cell Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer's Name \_\_\_\_\_

Marital Status - M W S D Partnered Spouse Name \_\_\_\_\_

Emergency Contact & Phone # \_\_\_\_\_

How did you find our practice? \_\_\_\_\_

I hereby authorize Rene' McCarty, PAC & Associates to treat me or my minor child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date