

## Registration Form

Please complete the questions to the registration form below. This form will be used for every new patient to allow him/her access to the online tool and mobile app that will be used as part of the program.

The link to this registration form has been provided to you via email. You can choose to bookmark this link for your office administrative staff to fill out for each new patient. Alternatively, you can bookmark this link on your office tablet and have your patient register him/herself in the waiting room.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Password\*: \_\_\_\_\_

(you will use this as your Login ID)

Cell Phone Number: \_\_\_\_\_ Mobile Carrier: \_\_\_\_\_

Do you currently take any of the following weight loss medications?:

Adipex-P:	<input type="checkbox"/>	Phentermine:	<input type="checkbox"/>
Belviq:	<input type="checkbox"/>	Phendimetrazine:	<input type="checkbox"/>
Benzphetamine:	<input type="checkbox"/>	Qsymia:	<input type="checkbox"/>
Bontril	<input type="checkbox"/>	Saxenda:	<input type="checkbox"/>
Contrave:	<input type="checkbox"/>	Xenical:	<input type="checkbox"/>
Didrex:	<input type="checkbox"/>		

*\*Passwords must have at least one uppercase letter, one lowercase letter, and one number. Passwords must be at least 8 characters (no special characters allowed) in length.*