

Please print legibly

Name, Last _____ First _____ MI _____ Maiden _____

Mailing Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Daytime Phone (_____) _____

Date of Birth (mm/dd/yyyy) _____ / _____ / _____

Email _____

By providing your email address, you are opting in to receive emails from Wake Forest Baptist Health, BestHealth and its programs. You may opt out at any time. Wake Forest Baptist Health will not share or sell your email address to any third party.

Gender Female Male Marital Status Single Married

Race African-American Asian Caucasian (White, non-Hispanic) Hispanic Other _____

Employer _____

Do you have health insurance? Yes No Insurance company _____

Name and location of your primary care physician _____

Which hospital do you prefer to use? _____

Signature _____ Date _____

Health Interests

- Women's health
- Men's health

- Allergies/asthma
- Back, foot, knee, hip, joint problems
- Cancer treatments and prevention
- Diabetes
- Digestive health
- Headaches/migraines
- Heart disease

- Lactation
- Nutrition
- Pre-diabetes
- Sleep problems
- Sports medicine
- Weight management

By enrolling in BestHealth, you will be added to the BestHealth and Wake Forest Baptist Health mailing list. The information provided by BestHealth is not intended as medical advice or as a substitute for consultation with a physician. No endorsement is implied or intended. If you have a medical problem or a health-related question, consult your physician. If you do not have a primary care provider and would like to make an appointment with one at Wake Forest Baptist Health, call 336-716-WAKE (9253). Wake Forest Baptist reserves the right to discontinue this membership program at any point in the future with prior notice to members.

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BH ID _____

Source _____

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