

Enroll

Here is the information we need to get you started. If you'd like to speak to someone over the phone while you complete this form, please call 650-721-6700. If you have any other questions, don't hesitate to contact us anytime.

Your Contact Information

Name / Last		First	Middle	
Street Address				
City		State	Zip	Country
Telephone		Mobile		
Email		Fax		
Date of Birth (MM/DD/YYYY)	Sex (Male/Female)	Social Security # (U.S. Citizens)		

Employer (as appropriate)

Company Name		Occupation		
Street Address				
City		State	Zip	Country
Telephone		Fax		

Scheduling Contact (if different from above)

Contact Name	Relationship
Telephone	Mobile
Email	Fax

Please indicate if you would like to allow your Scheduling Contact to have access to your visit details. Yes No

Emergency Contact (if different from above)

Contact Name	Relationship
Telephone	Mobile
Email	Fax

Communication Preferences

Contact Day(s)/Time(s):

Preferred Contact Method:

- Email Express Mail
 Telephone Mobile Text

Appointment Preferences (M-F)

Day(s) of Week:

Requested Date(s):

- Preferred Doctor Gender: No Preference
 Male Female

Custom Services

Local Accommodations Desired? Yes No

If yes, please indicate price range, per night.

Ground Transportation Desired? Yes No

Interpreter Services Desired? Yes No

If yes, please indicate the language required.

Food Allergies and Dietary Restrictions? Yes No

If yes, please specify so we may arrange lunch and snacks.

Please indicate any additional needs or contact us directly to discuss:

Referral

How did you hear about us?

- | | | |
|--|--|---|
| <input type="checkbox"/> Physician Referral | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Stanford Medical Forums | <input type="checkbox"/> Website | |
| <input type="checkbox"/> Reputation | <input type="checkbox"/> Advertising | _____ |

If you were referred to the Stanford Executive Health program, please provide name and contact information:

Name	Relationship	Phone or Email
------	--------------	----------------

Thank You!

Please return this completed form to the Executive Health program, along with a copy of the front and back of your insurance card, by either emailing, faxing, or mailing.

Email: ExecutiveHealth@stanfordmed.org
Fax: 650-498-7873
Mail: Stanford Executive Medicine
900 Blake Wilbur Drive, M/C 5358
Stanford, CA 94304

If you have any questions or wish to further discuss your visit, please call our offices at 650-721-6700.

We look forward to welcoming you to Stanford Hospital & Clinics.