
Mike Bauerschmidt, MD, MBA, Medical Director
3079 E Commercial Blvd., Suite 201
Ft Lauderdale, FL 33308
954-306-6497 | Phone
954-200-7809 | Fax



Client Contact Information

MR# _____ (office use)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Age: _____ Gender: _____

Phone: (day) _____ (cell) _____ (evening) _____

E-Mail Address: _____

May E-mail be used for communication between patient and practitioner? Yes No

Do you wish to receive e-mail newsletters from FPHC? Yes No

Employer: _____

Address: _____

Telephone: _____

Emergency Contact /Relationship: _____

Emergency Contact Phone: _____

Primary Care Physician: _____

Health Insurance Company: _____ ID # _____

How did you hear about our practice? _____

Statement of Understanding

As a FPHC client, I understand that Full Potential Health Care offers only consultative medical services (i.e. no inpatient or emergency services). I further understand that if I'm experiencing an acute physical or mental health crisis I must obtain services that are appropriate to the type of crisis I am experiencing. Therefore, if I do experience severe acute symptoms or feel immediate treatment is necessary I will call 911 or go to my nearest hospital emergency department.

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<http://www.MBauerschmidtMD.com>



Financial Agreement

As a FPHC client, I understand that I am responsible for the payment of services received through FPHC. I agree to keep my account current and will pay at the time of service unless I make some other prior arrangement.

I will notify the office staff 24 hours in advance if a cancellation is necessary. I understand that failure to cancel appointments less than 24 hours in advance may result in a charge for that time if the appointment space is not filled.

Client Signature: _____

Date: _____