HealthWorks
Your Link to a Healthy Bottom Line

(Please print when filling out this form)

HealthWorks Registration Form

- ❑ **HealthWorks Allentown**
- ❑ **HealthWorks Bethlehem**
- ❑ **HealthWorks Easton**
- ❑ **HealthWorks Trexlertown**

Patient Demographics

Name: _____
Last Name **First Name** **MI**

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Birth Date:** ____/__/____ **Age:** _____

Social Security #: _____ **Sex:** ❑ **Male** ❑ **Female**

Employer Information

Company Name: _____ **Site:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Company Contact:** _____

Work Status: ❑ **Full Time** ❑ **Part Time** ❑ **Self Employed** **Title:** _____

Emergency Contact Information

Type: ❑ **Spouse** ❑ **Parent (Mother/Father)** ❑ **Friend** ❑ **Other** _____
specify

❑ *If your contact's address is the same as yours, please check box and DO NOT COMPLETE INFO*

Name: _____
Last Name **First Name** **MI**

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

1243 S. Cedar Crest Blvd., Allentown, PA 18103 ♦ Phone: 610-402-9285 ♦ Fax: 610-402-9293
1770 Bathgate Rd. Suite 200, Bethlehem, PA 18017 ♦Phone: 484-884-2249 ♦Fax: 484-884-8034
2101 Emrick Boulevard, Bethlehem, PA 18020 ♦ Phone: 610-866-9675 ♦ Fax: 610-865-1472
6900 Hamilton Boulevard, Suite 145, Trexlertown, PA 18087 ♦ Phone: 610-402-0047 ♦ Fax: 610-402-0097