



**Program Registration  
Seton Family of Hospitals**

**Please complete and fax to the location you wish to use:**

- Austin**                       **Highland Lakes**                       **Hays**  
 Fax: 512-324-1396                      Fax: 512-756-6405                      Fax: 512-268-8711

<b>Date:</b>		<b>Which Class do you wish to attend:</b>					
<b>Client Name:</b>							
<b>DOB:</b>		<b>Gender:</b>	<table border="1"> <tr> <td><b>Male:</b></td> <td></td> <td><b>Female:</b></td> <td></td> </tr> </table>	<b>Male:</b>		<b>Female:</b>	
<b>Male:</b>		<b>Female:</b>					
<b>Dept/Site location:</b>							
<b>Daytime or Contact Phone Number:</b>							
<b>E-mail Address:</b>							
<b>Height:</b>		<b>Weight:</b>					
<b>Medical History:</b>							
<b>PCP name:</b>							
<b>Insurance Plan:</b>		<b>ID #:</b>					
For dietician use only							
<b>BMI:</b>		<b>BEE:</b>					
<b>Recommended Meal plan:</b>							