

CONFIDENTIAL PATIENT INFORMATION
(Please Print)

NAME: _____ PATIENT EMAIL: _____
Last First Middle Initial

ADDRESS: _____
Street Apt. # City State Zip Code

AGE: _____ DATE OF BIRTH: ____/____/____ HOME PHONE: _____ CELL PHONE: _____

Please Check All That Apply: Male _____ Female _____ Married _____ Single _____ Divorced _____ Widowed _____

EMPLOYER: _____ WORK PHONE NUMBER: _____

SS#: _____ OCCUPATION: _____

REFERRING DOCTOR: _____ PHONE#: _____

PRIMARY CARE PHYSICIAN: _____ PHONE #: _____

Spouse (or parent if patient is a minor).

NAME: _____
Last First Middle Initial Relationship

ADDRESS: _____
Street Apt. # City State Zip Code

DATE OF BIRTH: ____/____/____ SS #: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE NUMBER: _____

***** **EMERGENCY INFORMATION** *****

Emergency Contact (Person not living with you).

NAME: _____ HOME PHONE: _____ WORK PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

CITY: _____ STATE: _____ ZIP CODE: _____

***** **INSURANCE INFORMATION** *****

Please present your insurance card to the front desk so a copy can be made.

PRIMARY INS. NAME: _____ SECONDARY INS. NAME: _____

INSURED'S NAME: _____ INSURED'S NAME: _____

SUBSCRIBER NO.: _____ SUBSCRIBER NO.: _____

GROUP NO.: _____ GROUP NO.: _____

INS. PHONE NUMBER: _____ INS. PHONE NUMBER: _____

***** **ALL PATIENTS MUST SIGN** *****

I authorize payment of medical benefits to undersigned physician or supplier for these services and all future claims. I authorize the release of any medical information necessary to process this claim and all future claims I am responsible for the total amount of charges regardless of any insurance coverage.

Date: _____ X _____
Signed

***** **COMPLETE ONLY FOR WORK/AUTO/OTHER INJURIES** *****

Date of Injury : _____ Name of person to contact for worker's comp: _____

Has an accident report been filed with your employer?

Yes _____ No _____ Insurance Information: _____

Claim #: _____ Supervisor's Name: _____

Ins. Phone #: _____ Phone Number: _____

Date: _____ X _____
Signed