

## PATIENT INFORMATION

We are pleased to welcome you to our office. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you.

### PERSONAL

Name \_\_\_\_\_  
Last First MI (Preferred)  
Birthdate \_\_\_\_\_ SS# \_\_\_\_\_ Gender:  M  F Married:  Y  N  
Work Phone \_\_\_\_\_ Wireless Phone \_\_\_\_\_ Wireless Carrier \_\_\_\_\_  
Email \_\_\_\_\_  
Preferred contact method  HmPhone  WkPhone  WirelessPh  Email  
Preferred contact method for confirmations  HmPhone  WkPhone  WirelessPh  Email  
Preferred contact method for recall  HmPhone  WkPhone  WirelessPh  Email  
Student status if dependent over 19 (for ins)  Nonstudent  Fulltime  Parttime  
How did you hear about us?  
\_\_\_\_\_

(If someone referred you here, please write down their name so we can thank them.)

### ADDRESS AND HOME PHONE

Check box if same for entire family

Address \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_

### INSURANCE POLICY 1

Your relationship to subscriber:  Self  Spouse  Child  
Subscriber Name \_\_\_\_\_ Subscriber ID # \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Group Name \_\_\_\_\_ Group # \_\_\_\_\_  
Please present insurance card to receptionist.

### INSURANCE POLICY 2

Your relationship to subscriber:  Self  Spouse  Child  
Subscriber Name \_\_\_\_\_ Subscriber ID # \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Group Name \_\_\_\_\_ Group # \_\_\_\_\_

Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_