

## 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: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Contact Method:  Home Phone  Work Phone  Wireless Phone  Email  Text

Preferred Contact Method for Confirmations:  Home Phone  Work Phone  Wireless Phone  Email  Text

Preferred Contact Method for Recall:  Home Phone  Work Phone  Wireless Phone  Email  Text

Student status if dependent over 19 (for ins)  Non Student  Full Time  Part Time

How did you hear about us?  
\_\_\_\_\_

(If someone referred you here, please enter 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 #: \_\_\_\_\_