

# Patient Information

# Confidential

Date \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Best time and place to reach you? \_\_\_\_\_

Check Appropriate Box:     Minor    Single    Married    Divorced    Widowed    Separated

If Patient is a Student, Name of School/College \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Whom May We Thank For Referring You? \_\_\_\_\_

Person to Contact In Case Of An Emergency \_\_\_\_\_ Phone \_\_\_\_\_

## Responsible Party

Name of Person Responsible For This Account \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Employer** \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is This Person Currently A Patient In Our Office?    Yes    No

## Insurance Information

Name of insured \_\_\_\_\_ Relationship To Patient \_\_\_\_\_

Birthdate \_\_\_\_\_ SS#/SIN \_\_\_\_\_ Date Employed \_\_\_\_\_

Name of Employer \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ ID# \_\_\_\_\_ Group # \_\_\_\_\_

**Do You Have Any Additional Insurance?**    Yes    No   **If Yes Complete the Following:**

Name Of Insured \_\_\_\_\_ Relationship To Patient \_\_\_\_\_

Birthdate \_\_\_\_\_ SS#/SIN \_\_\_\_\_ Date Employed \_\_\_\_\_

Name of Employer \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ ID# \_\_\_\_\_ Group # \_\_\_\_\_

**Signature** X \_\_\_\_\_

(patient, parent, guardian)

\_\_\_\_\_

(Date)