PATIENT INFORMATION

Patient Name: Dr. Mr. Mrs. Ms. Miss ______________________________

Child/ Dependant: Yes ❑ No ❑

By what name do you prefer to be called? ______________________________

Birthday: ______________ **Social Security No:** ______________________

Address: ______________________________

City: ______________________ **State:** __________ **Zip:** ____________

Mailing Address if different that above: ______________________________

Home Phone: ______________________ **Work Phone:** ______________________

Cellular Phone: ______________________ **Can We Text Message You: Yes ❑ No ❑**

E-mail Address: ______________________________

Name of Employer: ______________________________

If full time student, name of school: ______________________________

Emergency Contact Person: ______________________________

Relationship: ______________________ **Phone:** ______________

How did you hear about our office: ______________________________

RESPONSIBLE PARTY INFORMATION

Name of person responsible for account: ______________________________
Birthday: ______________ **Social Security No:** ______________________
Address/Phone (if different from above): ______________________________
____

Name of Spouse: ______________________________
Birthday: ______________ **Social Security No:** ______________________
Spouse's Employer: ______________________________

INSURANCE INFORMATION

Primary Insurance Company ______________________ **Effective Date:** ____________
Subscriber Name: ______________________ **Employer:** ____________
Social Security #: ______________________ **Birthdate:** ____________
Group # / Policy #: ______________________________
Relationship to Patient: Self ❑ Spouse ❑ Child ❑ Other ❑

Secondary Insurance Company ______________________ **Effective Date:** ____________
Subscriber Name: ______________________ **Employer:** ____________
Social Security #: ______________________ **Birthdate:** ____________
Group # / Policy #: ______________________________
Relationship to Patient: Self ❑ Spouse ❑ Child ❑ Other ❑ Other