

## **On the day of your appointment**

- **Insurance card:** Please remember to bring your insurance card with you (we will need photocopies to help ensure accurate and timely billing).
- **Referral form:** Please bring the referral from your physician with you on the day of your appointment.
- **Patient privacy:** To help ensure we provide patient privacy for all of our patients please limit the number of guests you bring.

## **Section 1: Patient Information**

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>
<hr/>		
<b>Birth Name:</b>		
<hr/>		
<b>Mothers Maiden Name:</b>		
<hr/>		
<b>Responsible Party:</b>		
<hr/>		
<b>Mailing address</b>		
<b>Address:</b>	<b>Apartment:</b>	
<hr/>	<hr/>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<hr/>	<hr/>	<hr/>
<b>Primary Phone:</b>		
<hr/>		
<b>Secondary Phone:</b>		
<hr/>		
<b>Physical address</b>		
<b>Address:</b>	<b>Apartment:</b>	
<hr/>	<hr/>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<hr/>	<hr/>	<hr/>
<b>Social Security #:</b>		
<hr/>		
<b>Date of Birth:</b>		
<hr/>		
<b>Sex:</b>		
<hr/>		
<b>Special Needs:</b>		
<hr/>		
<b>Marital Status:</b>		
<hr/>		

## **Section 2: Employer Information**

<b>Are you employed?</b>
<hr/>
<b>Employer name:</b>
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<b>Work phone:</b>
<hr/>
<b>Occupation:</b>
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## **Section 3: Physician Information**

<b>Referring physician: (physician who sent you)</b>
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Primary care physician: (family physician)

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## Section 4: Spouse Information and Emergency Contacts

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### *Spouse*

Last name:	First name:	Middle initial:
Date of birth:		

### *Emergency Contact #1*

Last name:	First name:
Relation to patient:	
Home phone:	Other phone:

### *Emergency Contact #2*

Last name:	First name:
Relation to patient:	
Home phone:	Other phone:

## Section 5: Insurance Information

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### *Primary Insurance*

Is the insurance in your name?			
Last name:	First name:	Middle initial:	
Name of insurance:	Policy / Subscriber number:		
Date of birth:	Sex:		
Relationship to Policyholder/Subscriber:			

### *Secondary Insurance*

Last name:	First name:	Middle initial:	
Name of insurance:	Policy / Subscriber number:		
Date of birth:	Sex:		
Relationship to Policyholder/Subscriber:			