

## 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 [ ] HmPhone [ ] WkPhone [ ] WirelessPh [ ] Email  
Preferred contact method for confirmations [ ] HmPhone [ ] WkPhone [ ] WirelessPh [ ] Email  
Student status if dependent over 19 (for ins) [ ] Nonstudent [ ] Fulltime [ ] Part-time  
What School? \_\_\_\_\_ How many units? \_\_\_\_\_  
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 or SSN \_\_\_\_\_  
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 or SSN \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Group Name \_\_\_\_\_ Group # \_\_\_\_\_

Is there something you want us to know about you before your visit with us?