|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Information** | **Patient Name: Last** | **First** | **MI** |
| DOB / / | Age | SexMale / Female | Social Security # | Email Address |
| Mailing Address: (Street or box) | City | State | Zip Code |
| Home Phone | Cell Phone | Employer: |
| Work Phone: |
| Marital Status: (circle) Single Married Divorced Widowed | Primary Care Doctor | Who Referred you to our office? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Website Google Insurance Doctor Attorney |
|  Have you been a patient here before: Y / N If so, when:  |
| **Responsible Party** | **Complete for a minor or for a patient with a legal representative:** |
| Name: Last | First | MI | Relationship to Patient |
| Mailing Address: (Street or box) | APT # | City | State  | Zip code |
| Phone #: | Email: | DOB: |
| **Insurance Information** | **Primary Ins Co: or Auto Ins: PIP** |  **DOI:** | **Secondary Ins Co: or Auto Ins: At fault** |  **DOI:** |
| ID/Claim # | Group # | ID/Claim # | Group # |
| Effective Date | Subscriber’s Name | Effective Date | Subscriber’s Name |
| Relationship to Patient | Subscriber’s DOB / / | Relationship to Patient | Subscriber’s DOB / / |
| Subscriber’s Employer | Work Phone | Subscriber’s Employer | Work Phone |
| **Authorized Persons, & Emergency**  | **Emergency contacts: (please include one that does not live with you)** |
| Name | Relationship to Patient | Phone # |
| Name | Relationship to Patient | Phone # |
| **I authorize the physician(s) and staff to discuss information regarding my medical condition, treatment, account and appointment information to the following listed below: (please include spouse if applicable)**  |
| Name | Relationship to Patient | Phone # |
| Name | Relationship to Patient | Phone # |

***Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***(Please sign acknowledging that the above information is correct and current)***