Sarasota OB/GYN Associates

Last Name First Name M.I. Age DOB Race Are you pregnant?

Address Apt#/P.O. Box City State Zip

Home Phone Cell Phone E-mail Address

SSN Marital Status Have you been treated by these physicians before? Under what name?

Occupation Name of Employer/School

Who referred you to our practice?

Who is your primary care physician? Address Phone

In case of an emergency contact: Address Phone

PATIENTS MUST HAVE A GOOD CONTACT NUMBER AL ALL TIMES IN ORDER TO CONTINUE CARE WITH OUR PRACTICE. OUR OFFICE MUST BE ABLE TO REACH YOU WHEN NECESSARY.

Please present your insurance card, drivers license or other form of photo identification for our records.

RESPONSIBLE PARTY INFORMATION

Name Address Phone

SSN DOB

Under Florida Law, physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice.
You doctor has elected not to call medical malpractice insurance.
This is permitted under Florida Law subject to certain condition. Florida Law imposes penalties against noninsured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice.
This notice is provided pursuant to Florida Law.

I have read and understand the above information.

Patient Signature Date