

**PATIENT INFORMATION**

Date: \_\_\_\_\_

Name (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Status: Single / Married / Divorced / Widow

Primary phone: ( ) \_\_\_\_\_ Home/Cell 2nd phone: ( ) \_\_\_\_\_ Home/Cell

Email: \_\_\_\_\_

Can we leave confidential messages on answering machine? Yes \_\_\_\_\_ No \_\_\_\_\_

Can we leave medical information with any other person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Employer: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Full or part time? Work phone: ( ) \_\_\_\_\_

Referred by: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
(not living with you)

Primary Ins: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_ DOB \_\_\_\_\_

Secondary Ins: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_ DOB \_\_\_\_\_

**Cancellation/No show Policy for Scheduled Appointments:**

**Effective January 1, 2018 any patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24 hours notice, will be billed \$50.00.**

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Name \_\_\_\_\_ Phone # \_\_\_\_\_

Employer: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Full or part time? Work phone: ( ) \_\_\_\_\_

Referred by: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

(not living with you)

Primary Ins: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_ DOB \_\_\_\_\_

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