Ryan R. Stevens, M.D., P.C.
1867 N.W. Kings Blvd.
Corvallis, OR 97330

PATIENT INFORMATION

Completion of this information in its entirety is required at time of visit.
Please present your insurance card and photo ID for copying, as well as completing the information below.
CO-PAY IS DUE ON DATE OF SERVICE

Name____
Last First MI Nickname

Marital Status: (check one) Single Married Divorced Separated Widowed

Social Security # _______-_____-_______ Date of Birth: _______________ Sex: Male Female

Home Address: ____
Street City State Zip
Home Phone: ( ) ________-_____________ Cell/Message Phone: ( ) ________-_____________

Mailing Address: ____
Street/PO Box City State Zip

Employer: _____________________________________ Work Phone: ( ) ______-____________

Spouse/Parent Name__________________________________ Social Security #_____-_____-_______

Spouse/Parent Employer_______________________________ Work Phone: ( ) ______-____________

If someone other than the PATIENT is responsible for payment, complete the following:
Name of the responsible party________________________ Address________________________
Relationship to patient __________Social Security #____-____-____Home Phone ( ) ___-__________
Employer_____________________ Address________________ Work Phone ( ) ____-___________

In case of EMERGENCY:
Relative to Contact (other than spouse) __________________________ Phone ( ) ____-___________
Other person to contact (not relative) ____________________________ Phone ( ) ____-__________

Please complete the following information regarding your medical insurance:
Primary Insurance Co.________________________ Phone ( ) ___-_________
Name of Insured ________________________Policy # ________________ Group# __________

Reason for this visit: Illness ___ Injury ___ Job related injury ___ Auto Accident ____ Other ___

Date of injury or onset of problem____/____/____

Explain symptoms ____

Please answer the following questions, sign and date.

I give my permission for messages concerning my personal healthcare to be left on my answering machine/voicemail or with someone other than myself: _____*Yes* ______*No*

May our office confirm appointments, or leave a message at your home with someone other than yourself if needed? ______ *Yes* ______*No*

Signature____ Date ________________________