



Patient ID :  SSN :  Date :

## PATIENT INFORMATION (CONFIDENTIAL)

First Name : \_\_\_\_\_ Middle Name : \_\_\_\_\_ Last Name : \_\_\_\_\_  
 Birth Date : \_\_\_\_\_ Home Phone : \_\_\_\_\_  
 Address : \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_  
 E-mail : \_\_\_\_\_ Cell Phone : \_\_\_\_\_  
 Check Appropriate Box :  Minor  Single  Married  Divorced  Widowed  Separated  
 If Student, Name of School/ College : \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_  Full Time  Part Time  
 Patient or Parent/ Guardian's Employer : \_\_\_\_\_ Work Phone : \_\_\_\_\_  
 Spouse or Parent/ Guardian's Name : \_\_\_\_\_ Employer : \_\_\_\_\_ Work Phone : \_\_\_\_\_  
 Whom May We Thank for Referring You? : \_\_\_\_\_  
 Person to Contact in Case of Emergency : \_\_\_\_\_ Phone : \_\_\_\_\_

## RESPONSIBLE PARTY

Name of Person Responsible For this Account : \_\_\_\_\_  
 Relationship to Patient : \_\_\_\_\_ Home Phone : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 E-mail : \_\_\_\_\_ Cell Phone : \_\_\_\_\_  
 Driver's License : \_\_\_\_\_ Birth Date : \_\_\_\_\_ Financial Institution : \_\_\_\_\_  
 Employer : \_\_\_\_\_ Work Phone : \_\_\_\_\_ SSN : \_\_\_\_\_  
 Is this Person Currently a Patient in Our Office?  Yes  No  
 For your convenience, we offer the following methods of payment. Please check the option you prefer. Payment in full at each appointment.  
 Cash  Personal Check  Discuss office's payment policy  Care Credit  VISA  Master Card

## INSURANCE INFORMATION

Name of Insured : \_\_\_\_\_ Relationship to Patient : \_\_\_\_\_  
 Birth Date : \_\_\_\_\_ SSN : \_\_\_\_\_ Date Employed : \_\_\_\_\_  
 Name of Employer : \_\_\_\_\_ Work Phone : \_\_\_\_\_

**DO YOU HAVE ANY ADDITIONAL MEDICAL/ AND OR OTHER INSURANCE?**  YES  NO  
*If Yes Complete the Following*

Name of Insured : \_\_\_\_\_ Relationship to Patient : \_\_\_\_\_  
 Birth Date : \_\_\_\_\_ SSN : \_\_\_\_\_ Date Employed : \_\_\_\_\_  
 Name of Employer : \_\_\_\_\_ Work Phone : \_\_\_\_\_  
 Address : \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_