

### PATIENT INFORMATION

We are pleased to welcome you to our office. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you.

PERSONAL	
Name	_____
Last                    First                    MI                    (Preferred)	
Birthdate	_____ SS# _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Married: <input type="checkbox"/> Y <input type="checkbox"/> N
Work Phone	_____ Wireless Phone _____ Wireless Carrier _____
Email	_____
Preferred contact method	<input type="checkbox"/> HmPhone <input type="checkbox"/> WkPhone <input type="checkbox"/> WirelessPh <input type="checkbox"/> Email
Preferred contact method for confirmations	<input type="checkbox"/> HmPhone <input type="checkbox"/> WkPhone <input type="checkbox"/> WirelessPh <input type="checkbox"/> Email
Preferred contact method for recall	<input type="checkbox"/> HmPhone <input type="checkbox"/> WkPhone <input type="checkbox"/> WirelessPh <input type="checkbox"/> Email
Student status if dependent over 19 (for ins)	<input type="checkbox"/> Nonstudent <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime
How did you hear about us?	_____
(If someone referred you here, please write down their name so we can thank them.)	
ADDRESS AND HOME PHONE	
Check box if same for entire family <input type="checkbox"/>	
Address	_____
Address 2	_____
City	_____ State _____ Zip _____
Home Phone	_____
INSURANCE POLICY 1	
Your relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Subscriber Name	_____ Subscriber ID # _____
Insurance Company	_____ Phone _____
Employer	_____ Group Name _____ Group # _____
Please present insurance card to receptionist.	
INSURANCE POLICY 2	
Your relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Subscriber Name	_____ Subscriber ID # _____
Insurance Company	_____ Phone _____
Employer	_____ Group Name _____ Group # _____

Comments: