All About You

Patient's Name: ____ Patient's Preferred Name: ________________________

Birthday: _________________________________ Social Security Number: ___________________________ Sex: Male Female

Address ____Apt #______________________

City ______________________State ______________ Zip Code _____________ Referral Source: __________________________

Home Phone __________________________ Work Phone _______________________ Cell Phone _________________________

Email Address ____ Marital Status: Single Married Divorced Widowed

Would you like to receive appointment confirmations via email or text message? Yes No

Emergency Contact: _________________________ Relationship: ________________ Phone Number: ______________________

Billing/Responsible Party (to be filled out if the above patient is a minor)

Responsible Party's Name: ____ Relationship to patient: _________________

Birthday: _________________________________ Social Security Number: ___________________________ Sex: Male Female

Address ____

City ____State ___________________ Zip Code ______________________

Home Phone ______________________________ Work Phone ________________________ Cell Phone _____________________

Email Address ____

Primary Insurance Information

Subscriber's Name: _____________________________

Birthday: _________________________

Relationship to patient: ________________________

Subscriber's Member ID: ________________________

Employer: _______________________________

Insurance Company: ____________________________

Insurance Phone Number: ______________________

Claims Mailing Address: ________________________

City: ___________State: _______ Zip Code: ________

Secondary Insurance Information

Subscriber's Name: _____________________________

Birthday: _________________________

Relationship to patient: __________________________

Subscriber's Member ID: ________________________

Employer: _______________________________

Insurance Company: ____________________________

Insurance Phone Number: ______________________

Claims Mailing Address: ________________________

City: ___________State: _______ Zip Code: ________