

Patient Information Sheet



Apointment Date: _____ **Check-in Time:** _____

How did you hear about our office?

Doctor NP PA Newspaper Phone book Insurance website
 Our website Friend/family (name) _____

Patient Information

Please print clearly and complete both sides of this form.

First name	Middle	Last	Sex M F	Age	Race	Date of birth
Address			City		State	Zip code
Social Security #	Home phone ()	Cell phone ()		Driver's license #		
Employer and/or college name		Employer's address		Work/school phone ()		
Please circle: Single Married Divorced Widowed		Spouse's name		Spouse's phone ()		
Emergency contact person's name		Relationship to patient		Emergency contact's phone ()		
Guarantor's name		Address		Relationship to patient		
Social Security #	Date of birth					
Primary care physician		Physician's address		Physician's phone ()		
Referring physician/physician assistant/nurse practitioner name						
Current pharmacy		Location	Phone	Fax		
May we contact you by email? Y N (Presently, we are not reachable via email.)		Email address				

Insurance Information

Primary Insurance for the Patient		
Insurance company name		
Contract #	Group #	
Policy holder's name		
Address		
City	State	Zip code
Please circle: HRA HAS Flex Other:		
Policy Holder Information		
Date of birth	Social Security #	
Home phone ()	Cell phone ()	
Employer's name	Driver's license #	

Secondary Insurance for the Patient		
Insurance company name		
Contract #	Group #	
Policy holder's name		
Address		
City	State	Zip code
Please circle: HRA HAS Flex Other:		
Policy Holder Information		
Date of birth	Social Security #	
Home phone ()	Cell phone ()	
Employer's name	Driver's license #	

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Minor/Dependant Information

Please complete the following only if the patient is a minor child or a college student.

If college student: Full-time student Part-time student

If minor, lives with: Father Mother Both Other: _____

Mother's first name	Middle initial	Last name	Home phone ()	Cell phone ()
Mother's address		City	State	Zip code
Father's first name	Middle initial	Last name	Home phone ()	Cell phone ()
Father's address		City	State	Zip code