



PATIENT INFORMATION FORM: (PLEASE PRINT)

TODAY'S DATE: _____

NAME: _____ NICKNAME: _____ BIRTHDATE: _____
FIRST MI LAST

GENDER: ___ Male ___ Female STUDENT STATUS: ___ Full Time ___ Part Time ___ N/A

ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ SOCIAL SECURITY #: _____

Preferred Contact Method (circle one): Home Phone Work Phone Cell Phone Email

HOW DID YOU HEAR ABOUT US?: _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

NAME: _____ RELATION: _____ PHONE #: _____

RESPONSIBLE PARTY/INSURANCE INFORMATION:

PERSON RESPONSIBLE FOR THIS ACCOUNT: _____ RELATION: _____
FIRST MI LAST

ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ BIRTHDATE: _____

EMPLOYER: _____ WORK PHONE: _____ UNION/LOCAL #: _____

INSURANCE CO.: _____ MEMBER #: _____ GROUP #: _____

SOCIAL SECURITY #: _____

DO YOU HAVE ADDITIONAL INSURANCE? [] YES [] NO IF YES, PLEASE COMPLETE THE FOLLOWING:

NAME OF INSURED: _____ RELATION: _____
FIRST MI LAST

ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ BIRTHDATE: _____

EMPLOYER: _____ WORK PHONE: _____ UNION/LOCAL #: _____

INSURANCE CO.: _____ MEMBER #: _____ GROUP #: _____

SOCIAL SECURITY #: _____

PRIMARY CARE PHYSICIAN/CLINIC NAME: _____ CLINIC PH #: _____

I certify that I have read and understand the questions asked in this Patient Information section and the attached Patient Medical and Dental History forms. To the best of my knowledge, all questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health. I authorize this office to release any information necessary to expedite insurance claims and understand I am responsible for all charges, regardless of insurance coverage. I also authorize payment directly to my doctor.

Sign here: _____

Date: _____

Patient, Parent, or Guardian

Is there a Guardian? YES NO If YES, a copy of Guardianship Papers and DPOA (Durable Power of Attorney) are needed.