



NEW PATIENT INFORMATION RECORD

(Please Print or Write Legibly)

Date: _____

Patient Name: _____ Birth Date: ____ / ____ / ____ Soc Sec#: ____ - ____ - ____

Address: _____ City: _____

State: _____ Zip Code: _____ Primary Phone: _____

Race: _____ Ethnicity: _____ Preferred Language: _____ Sex: **M** **F**
(circle one)

Patient's Employer: _____ Occupation: _____ Years Employed: _____

Employers Address: _____ City: _____

State: _____ Zip Code: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Spouse's Name: _____ Spouse's Employer: _____

Who Is Your Primary Physician: _____ Referring Physician: _____

** What is the best number to call: _____ Cell or Landline (circle one)

If the Patient is a Minor Or Student

Mother's Name: _____ Address: _____ City: _____

State: _____ Zip Code: _____ Primary Phone: _____ Work Phone: _____

Mother's Employer: _____ Occupation: _____ Years Employed: _____

Father's Name: _____ Address: _____ City: _____

State: _____ Zip Code: _____ Primary Phone: _____ Work Phone: _____

Father's Employer: _____ Occupation: _____ Years Employed: _____

Insurance Information

Insured's Name (person who insurance is under): _____

Insured's D.O.B. ____ / ____ / ____ Relationship to Patient: _____

Employer: _____ Phone: _____

Employers Address: _____

City: _____ State: _____ Zip Code: _____

Insurance Name: _____ I.D. #: _____ Group #: _____

In order to control our cost of billing, we request that office visits be paid at the time service is required. We would rather control our billing costs than be forced to raise our fees. You may pay by cash, check, or credit card.

Authorization: I hereby authorize the physician indicated above to furnish information to insurance carriers concerning this illness/accident and I hereby irrevocably assign to the doctor all payments for medical services rendered. I understand that I am financially responsible for all charges wether or not covered by insurance, reasonable collections, attorney fees, court costs and post judgement interest.

Responsible party signature: _____