



PATIENT INFORMATION

THANK YOU FOR CHOOSING OUR OFFICE! In order to serve you properly, we need the following information.

Please Print. All information will be confidential.

Patient's Legal Name (Last) _____ (First) _____ (MI) _____

Preferred First Name: _____ Maiden Name/Previous Names: _____

SSN _____ Birthdate _____ Male Female

Address _____ City _____ State _____ Zip _____

Home Phone# _____ Cell Phone# _____

Email Address: _____ Have you received information on the patient portal? Yes No

Please Check One: Minor Single Married Divorced Widowed Separated

Race: • White • Asian • Native Hawaiian • Other Pacific Islander • African American • American Indian • Alaska Native

Language: • English • Spanish • Hmong • Other

Ethnicity: • Not Hispanic/Latino • Hispanic/Latino • Unreported/Refused to Report

Patient's Employer _____ Work Phone _____

Spouse/Parent's Name _____ Employer _____ Work Phone _____

Spouse/Parent's Name _____ Employer _____ Work Phone _____

Emergency Contact Name: _____ Relationship _____ Phone Number _____

May we contact you or your spouse at their work number? Yes No

If patient is a student, name of school/college: _____

Who is your Primary Care Physician/Provider? _____

Whom may we thank for referring you? Dr. _____, Internet, Phonebook or Other: _____

RESPONSIBLE PARTY

Name of person responsible for this account _____ Relationship to Patient _____

Address _____ Home Phone _____

Birthdate _____ Employer _____ Work Phone _____

Is this person currently a patient at our office? Yes No

INSURANCE INFORMATION (Required, unless you are self-pay.)

Primary Insurance _____ ID # _____ Group# _____

Policy Holder _____ Employer _____ Work Phone _____

Relationship to Patient _____ Birthdate _____ SSN _____

Secondary Insurance _____ ID # _____ Group # _____

Policy Holder _____ Employer _____ Work Phone _____

Relationship to Patient _____ Birthdate _____ SSN _____

Amounts are due in full upon receipt of our statement. Although some payment arrangements may be available, you are urged to use your own bank or credit union to finance extended payments.