

## Patient Information

Date MM DD YYYY \_\_\_\_\_ E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Patient's Name Last First Middle \_\_\_\_\_ Date of Birth \_\_\_\_\_

Preferred Name (Nick Name) \_\_\_\_\_ Male \_\_\_ Female \_ SS# \_\_\_\_\_

Residence Street Suite/Apt City State Zip \_\_\_\_\_

If patient is a minor, who is legal guardian \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Whom may we thank for referring you to our office? \_\_\_\_\_

## Responsible Party Information

Name Last First Middle \_\_\_\_\_ Marital Status \_\_\_\_\_

Residence Street Suite/Apt City State Zip \_\_\_\_\_

How long at this address Years \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Previous Address (If less than 3 years) Street Suite/Apt City State Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address Street Suite/Apt City State Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Responsible Party's E-mail \_\_\_\_\_

Spouse's Name Last First Middle \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

## Responsible Party Information

Primary Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Phone number \_\_\_\_\_ Insurance Company Address Street Suite/Apt City State Zip \_\_\_\_\_

Primary Insurance Held By \_\_\_\_\_ SS# \_\_\_\_\_  
(Whose name is on the insurance policy) Last First Middle if not given above

Secondary Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Phone number \_\_\_\_\_ Sec. Insurance Co. Address Street Suite/Apt City State Zip \_\_\_\_\_

Sec. Insurance Held By \_\_\_\_\_ SS# \_\_\_\_\_  
(Whose name is on the insurance policy) Last First Middle if not given above

IN CASE OF EMERGENCY (nearest relative not living with you) First Last \_\_\_\_\_ Telephone \_\_\_\_\_

Complete Address Street Suite/Apt City State Zip \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_