



**PLEASE PRINT**

Today's Date: \_\_\_\_\_

**GENERAL INFORMATION**

Name: \_\_\_\_\_

Last First M.I.

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse/Partner: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Referred By: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION (FOR PARTICIPATING PLANS ONLY)**

Primary Insurance: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group #: \_\_\_\_\_

Claims Address: \_\_\_\_\_

Relationship to Insured: Self Spouse Partner Child Other: \_\_\_\_\_

**COMMUNICATION OF PROTECTED HEALTH INFORMATION (PHI)**

At which number should we attempt to contact you first? \_\_\_\_\_

At which number may we leave a message for you? \_\_\_\_\_

May we leave an appointment reminder? \_\_\_\_\_

May we mail you information on our specials/events? \_\_\_\_\_

May we email personal medical information to you? \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_