



**Welcome!**

We are pleased to welcome you to our practice.

How did you hear about us? **Please circle:**

YELP GOOGLE FACEBOOK DRIVE-BY OTHER: \_\_\_\_\_

Relative/Friend/Doctor: \_\_\_\_\_

**Patient Information**

Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ \_\_\_Male \_\_\_Female\_\_\_Child

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_  
SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

**Employer** (skip if child) \_\_\_\_\_ Occupation \_\_\_\_\_ # yrs  
Business address \_\_\_\_\_

**Notify in case of emergency** \_\_\_\_\_ Day phone # \_\_\_\_\_

**Spouse Information**

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employer \_\_\_\_\_ Work phone \_\_\_\_\_  
SS# - - \_\_\_\_\_ Cell phone \_\_\_\_\_

**Responsible Party/Primary Insurance Coverage**

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Relationship to patient \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_  
Employed by \_\_\_\_\_ Occupation \_\_\_\_\_ # yrs \_  
Business address \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**Secondary Insurance Coverage**

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Relationship to patient \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_  
Employed by \_\_\_\_\_ Occupation \_\_\_\_\_ # yrs \_  
Business address \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_