

# Welcome



## About You

**Patient Name** \_\_\_\_\_  
First MI Last  
I prefer to be called: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Social #: \_\_\_\_\_  
Sex: Male  Female  Marital Status: Single  Minor  Married  Divorced  Widowed   
**Email:** \_\_\_\_\_ **Driver License #:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street City State Zip

**Home Phone #:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone # :** (\_\_\_\_) \_\_\_\_\_ **Work Phone # :** (\_\_\_\_) \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Other Family Members seen here? \_\_\_\_\_

**Employer:** \_\_\_\_\_ How long there? \_\_\_\_\_ Occupation: \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_  
Street City State Zip

### Neighbor or Relative not living with you?

His/Her Name: \_\_\_\_\_  
First MI Last

Relation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

## Spouse Information

His/Her Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Social #: \_\_\_\_\_  
First MI Last

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Drivers License: \_\_\_\_\_

## Responsible Party

### Person Responsible for Account if other than yourself

His/Her Name: \_\_\_\_\_  
First MI Last

Relation: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Social #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Drivers License: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street City State Zip

## Insurance Information

### Primary Insurance Information

Insured's Name: \_\_\_\_\_  
First MI Last

Insured's Social #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Insured's Birthdate: \_\_\_/\_\_\_/\_\_\_ Relation to patient: \_\_\_\_\_

Insured's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street/PO Box City State Zip

Insurance Co. Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Group # (Plan, Local or Policy #): \_\_\_\_\_ Subscriber ID#: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_  
Street City State Zip