

**CONTACT INFORMATION**

FULL LEGAL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F  
 prefers to be called: \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Home address-Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_  
 email address: \_\_\_\_\_ OK to contact you by phone & email? Y / N  
 Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Work Phone Number: \_\_\_\_\_ Working Hours: \_\_\_\_\_  
 Marital Status: single married partnered divorced other: \_\_\_\_\_ Do you live alone? Y / N

**EMERGENCY CONTACT**

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Alternate Phone number: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Information: please bring your insurance card with you to each visit  
 Name of Company: \_\_\_\_\_ Provider Contact #: \_\_\_\_\_  
 Name of Policy Holder & Relationship: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Group number: \_\_\_\_\_

**OTHER**

Please list allergies/reaction: \_\_\_\_\_  
 Name of Pharmacy : \_\_\_\_\_ Phone #/location: \_\_\_\_\_  
 How did you hear about our practice? \_\_\_\_\_

**Payment Policy**

Please read carefully and let our office staff know if you have questions.  
 Copayments and balances must be paid at the time of service.  
 If you have insurance, we will file with your carrier and bill you for the outstanding balance.  
**Ultimately you are responsible for your bill** regardless of your insurance status and your account must be kept current within thirty (30) days.  
 Insurance questions should be direct to your insurance carrier  
 We require 24 hours notice when you need to change a scheduled appointment.  
 Missed appointments will incur a \$50 fee payable by the patient.  
 By signing below you acknowledge that you have reviewed, understand, and agree to the payment policy as stated above.

Signature of patient/guarantor: \_\_\_\_\_ Date: \_\_\_\_\_