



Patient Profile

Please bring your insurance cards and a list of medications to all appointments.

Physician: _____ Preferred Pharmacy/City: _____

Last Name: _____ First Name: _____ Middle Initial: _____ Preferred Name: _____

Date of Birth: _____ Sex: M F Social Security Number: _____

Race: African Amer./Black Amer. Indian/Alaskan Native Asian Caucasian/White Nat Hawaiian/Pacific Islander Other

Ethnicity: Hispanic or Latino Not Hispanic or Latino Declined Primary Language: _____

Marital Status: Single Married Widowed Divorced Other: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work #: (____) _____ Cell #: (____) _____

E-mail Address: _____ Preferred Method of Contact: Phone Mail Patient Portal

Were you referred to our practice by another physician: Yes No If so, Name: _____

Primary Care Physician: _____ Emergency Contact Phone #: _____

Insurance: **MUST PRESENT CARD AT TIME OF VISIT OR PAYMENT WILL BE REQUIRED IN FULL**

Primary Insurance: _____ Policyholder/Name on Card: _____

Secondary Insurance: _____ Policyholder: _____

Patient's Employer (if not applicable, insert "n/a"): _____

Spouse or Parent's Name: _____ Date of Birth: ____ / ____ / ____

Spouse or Parent's Employer: _____ Social Security Number: _____

ASSIGNMENTS OF BENEFITS

I request payments by Medicare, Medicaid, medical insurance companies and other third party payers be made payable to my healthcare providers. I authorize my physicians and healthcare providers to release my Protected Health Information (PHI) to the healthcare Financing Administration, insurance companies, and other providers of medical services as may be necessary to provide for my clinical care and/or to determine my financial benefits or coverages, in compliance with HIPAA and other applicable laws. I hereby acknowledge I have received a Notice of Privacy Practices. I understand and agree I am responsible for any charges not paid for by my insurance.

Signature of Patient or Legal Guardian: _____ Date: _____