

For office use

**PATIENT INFORMATION**

PLEASE COMPLETE ALL ENTRIES

Patient Name (Last - First - Middle)		Sex M F	Date of Birth	Age	Social Security Number
Parent/Guardian (If Patient is a Dependent) (Last - First - Middle)		Sex M F	Date of Birth	Age	Social Security Number
Address (Street + Apt. # or P.O. Box)		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
Address (City - State - Zip)		Driver's License Number			
Home Phone Number ( ) <input type="checkbox"/> do not call <input type="checkbox"/> do not leave a message	Cell Phone Number ( ) <input type="checkbox"/> do not call <input type="checkbox"/> do not leave a message	Work Phone Number ( )		Extension: <input type="checkbox"/> do not call <input type="checkbox"/> do not leave a message	

Patient Employer (or Parent/Guardian Employer)	Occupation	Employer's Address (Street - City - State - Zip)
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Patient Spouse (or Parent/Guardian Spouse)	Date of Birth	Age	Social Security Number
Spouse's Employer	Spouse's Cell or Work Phone Number (circle one) ( )		

In Case of Emergency, Notify:	Relationship	Emergency Contact's Phone Number ( )
Whom May We Thank For Referring You To Us?		Phone Number ( )
Patient's Primary Care Physician		Phone Number ( )

Who Is Financially Responsible For Payment?	Phone Number ( )
Address (Street + Apt. # or P.O. Box)	Address (City - State - Zip)
I Will Be Paying Today By: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MasterCard/Visa	

I understand and agree that I am ultimately responsible for payment.  
 I understand that there will be a charge for any appointment not cancelled at least 24 hours in advance.  
 I certify this information is true and correct to the best of my knowledge.  
 I acknowledge that I have received or been offered a copy of *Notice of Privacy Practices* with an effective date of April 14, 2003.

Signature of patient or his/her personal representative

Date