Patient #: ___________

Name ____Date_________________________

Address ________________________________City_____________________State_______Zip____________

Home Phone (______) ______________________Alternate/Cell Phone (______) _________________

SS # _________________ Date of Birth ______________ EMAIL: __________________________________

Female / Male Age: ______ Martial Status ______________ Spouse Name: _______________________

In Case of Emergency Contact: ____

Relationship: ___________________________ Phone (_____) _________________________________

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Employer Information:

Occupation ____Employer ______________________________

Address ____Phone Number (______) ___________________

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Insurance Information:

Primary Insurance __________________________________Relationship to Patient_______________________

Insured's Name __________________________________Employer___________________________________

Insured's SS _____________________________________ Date of Birth _____________________________

Group Number ______________________________ Policy Number _________________________________

Secondary Insurance _______________________________Relationship to Patient_______________________

Insured's Name __________________________________Employer___________________________________

Insured's SS _____________________________________ Date of Birth _____________________________

Group Number ______________________________ Policy Number _________________________________

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Who may we thank for referring you? ____

The undersigned patient or guardian agrees to pay the professional services rendered by the above mentioned doctor and consents to allow the treating physician to treat the undersigned patient as deemed necessary. I, the patient, authorize the doctor to obtain any medical records necessary for my condition. Because of the close nature in which this doctor will work with me, I hereby agree to keep good personal hygiene and cleanliness when coming in for my appointments.

Patient / Guardian's Signature______________________________Print Name ___________________________