



# Welcome to Our Office!

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
          First                  Middle                  Last

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  Male  Female      Marital Status: S M W D      Drivers License #: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_      Birthdate: \_\_\_\_\_      Age: \_\_\_\_\_

Email: \_\_\_\_\_      May we send information here?  Yes  No

Occupation: \_\_\_\_\_      SSN: \_\_\_\_\_

Employer: \_\_\_\_\_      Years There: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_      Cell Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

**Complete this section only if someone other than the patient is primary on the insurance.**

Responsible Party: \_\_\_\_\_      Relationship to Patient: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_      Birthdate: \_\_\_\_\_      Age: \_\_\_\_\_

Occupation: \_\_\_\_\_      SSN: \_\_\_\_\_

Employer: \_\_\_\_\_      Years There: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_      Cell Phone: (\_\_\_\_) \_\_\_\_\_

Spouse/Guardian: \_\_\_\_\_      Birthdate: \_\_\_\_\_      Age: \_\_\_\_\_

Occupation: \_\_\_\_\_      SSN: \_\_\_\_\_

Employer: \_\_\_\_\_      Years There: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_      Cell Phone: (\_\_\_\_) \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_      Relationship: \_\_\_\_\_

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

Other than yourself, with whom may we discuss your medical information? (Please give the person's name and relationship to you.)

\_\_\_\_\_

May we leave messages on your answering machine or voice mail?  Yes  No

May we contact you at work?  Yes  No

(over)

