

| PATIENT INFORMATION                         |   |               |  |        |
|---|---|---------------|--|--------|
| Last Name                                   |   | First         |  | Middle |
| Age   | Sex:<br><input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth | Social Security Number <b>Required</b> |        |
| Email Address to be used for Patient Portal |   |               | Alternate email                        |        |
| Street Address                              |   |               | Home phone                             |        |
| City  | State   | Zip Code      | Cell phone                             |        |
| Pharmacy Name                               |   |               |  |        |
| Pharmacy Address                            |   |               | Pharmacy Phone                         |        |

| INSURANCE INFORMATION   |       |            |   |  |
|---|-------|------------|---|--|
| Please Give Patient's Insurance Card & Guarantor's Driver's License to Receptionist               |       |            |   |  |
| Primary Insurance   |       |            |   |  |
| Plan Name   |       |            |   |  |
| Policy #  |       |            |   |  |
| Group #   |       |            |   |  |
| Co-Pay  |       |            |   |  |
| Guarantor   |       | Birth Date |   | Social Security Number <b>Required</b> |
| Address (If Different than above)   |       |            | Best Number to reach you  |  |
| City  | State |            | Other Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell |  |
| Guarantor is <input type="checkbox"/> Parent <input type="checkbox"/> Other <i>Please specify</i> |       |            | Work Phone  |  |

| IN CASE OF EMERGENCY   |                         |
|--|-------------------------|
| Name of local friend or relative <i>Not living at same address</i> | Relationship to patient |
| Best Number to reach them  |                         |

**\*Please read our Financial Policy & Sign & Date Authorization Form**

