



Today's Date ____/____/____

Medical Record # _____

Patient Name: _____ **Maiden Name:** _____

Sex: *M* or *F* Date of Birth: ____/____/____ Social Security No: ____ - ____ - ____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Religious Preference: _____ Race: _____

Ethnicity: *Hispanic* or *Non-Hispanic* Language: *English, Spanish, French, Other:* _____

Marital Status: *Single, Married, Divorced, Widowed, Partnered, Separated*

Smoker: *Current, Former, Never* Active Military: *Yes, No, Never*

Occupation: _____ Employer: _____

Emergency Contact(s): _____ Phone#: _____

Can we speak with the emergency contact regarding your medical information? *YES* or *NO*

Is it alright for us to leave messages for you on your home answering machine or cell phone? *YES* or *NO*

Can we contact you via E-mail? *YES* or *NO* Email Address: _____

Do you have a Living Will? *Yes* - Type: _____, *NO* or *Unknown*

Referring Physician: _____ Town/Clinic: _____

Primary Care Physician: _____ Town/Clinic: _____

Was an Insurance Referral Obtained: **YES**, **NO**, or **NOT NEEDED**

(If an insurance referral was not obtained from your PCP and is required by your insurance, you will be responsible for any charges)

1st Insurance Co: _____

Insured Name: _____ Insured DOB: _____ Effective Date: _____

Policy #: _____ Group #: _____ Relationship to Patient: _____

2nd Insurance Co: _____

Insured Name: _____ Insured DOB: _____ Effective Date: _____

Policy #: _____ Group #: _____ Relationship to Patient: _____

3rd Insurance Co: _____

Insured Name: _____ Insured DOB: _____ Effective Date: _____

Policy #: _____ Group #: _____ Relationship to Patient: _____

Prescription Plan: _____ Plan Number: _____

Preferred Pharmacy: _____ City: _____

***Patient Signature:** _____

Or

Authorized Legal Representative: _____

For Hospital Use Only:

Copy of Current Insurance Card(s) on file: **Yes** or **No**

Copy of Photo ID on file: **Yes** or **No**

Is the Consent to Treat Form signed?: **Yes** or **No**

Is the Email Consent Form signed?: **Yes** or **No**

Employee Initials: _____