

Date: \_\_\_\_\_

Chart #: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(First) (Maiden or Middle Initial) (Last)

Date of Birth: \_\_\_\_\_ Social Security # or Driver License #: \_\_\_\_\_  
\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Main Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ May we call you at work? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you hear about our office? Referred by doctor or friend \_\_\_\_\_;  
Telephone Directory \_\_\_\_\_; Billboard \_\_\_\_\_; Commercial \_\_\_\_\_; Website \_\_\_\_\_;  
Magazine or Newspaper Ad \_\_\_\_\_; Other \_\_\_\_\_ (Please specify)

### Complete this Section if Married

Husband's Name: \_\_\_\_\_  
Social Security # or Driver License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_ Position: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Complete if a Minor

Parent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employer: \_\_\_\_\_

**PLEASE GIVE THE RECEPTIONIST YOUR INSURANCE CARD(S) TO COPY.**

**ALL CHARGES ARE PAYABLE AT THE TIME SERVICES ARE RENDERED.** We do not accept assignment on all insurances, so please check with the business office PRIOR to seeing the provider if you have any questions about your financial responsibility. Thank you for your cooperation.