

**COLUMBUS OBGYN SPECIALTY CENTER, PLLC PATIENT INFORMATION SHEET**

**Chart #:**  
Office Use

**TODAY'S DATE:** \_\_\_\_\_

**PATIENT'S LEGAL NAME:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Birthdate:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Age:** \_\_\_\_\_

(First) (MI) (Maiden) (Last)

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

**Complete Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ - \_\_\_\_\_

**Private Email:** \_\_\_\_\_

**Home Phone:**(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:**(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Employed By:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

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

**SPOUSE'S NAME:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Spouse's Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Contact Phone:**(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(First) (MI) (Last)

**Employed By:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**IF MINOR, NAME OF PERSON RESPONSIBLE FOR PAYMENT:** \_\_\_\_\_

**Relationship to minor** \_\_\_\_\_ **Contact Phone:**(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Birthdate:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Complete Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ - \_\_\_\_\_

**INSURANCE INFORMATION:** We must have ALL of the information below AND a copy of the insurance card.

**PRIMARY INSURANCE**

**SECONDARY INSURANCE**

<b>Name of Company:</b>	<b>Name of Company:</b>
<b>Name of Insured:</b>	<b>Name of Insured:</b>
<b>Insured's Date of Birth:</b>	<b>Insured's Date of Birth:</b>
<b>Relationship to Insured:</b>	<b>Relationship to Insured:</b>

Due to constant changes and varieties of insurance plans, you will need to present your insurance card to the receptionist each time you visit our office. If you do not have your card, please expect to pay the full amount for that visit. When insurance information is received, we will file for you. Also, 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. All patient financial portions are due at the time services are rendered.

**How did you hear about our office? Doctor/Friend Referral** \_\_\_\_\_

**Website Telephone Directory Billboard Commercial Other** \_\_\_\_\_