

## PATIENT INFORMATION

We are pleased to welcome you to our office. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you.

### PERSONAL

Name: \_\_\_\_\_  
Last First MI (Preferred)

Birthdate: \_\_\_\_\_ SS #: \_\_\_\_\_ Gender:  M  F Married:  Y  N

Work Phone: \_\_\_\_\_ Wireless Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Contact Method:  HmPhone  WkPhone  WirelessPh  Email  TextMessage

Preferred Contact Method for Confirmations:  HmPhone  WkPhone  WirelessPh  Email  TextMessage

Student status if dependent over 19 (for ins):  Nonstudent  Fulltime  Parttime

How did you hear about us? (If someone referred you here, please enter their name so we can thank them)

\_\_\_\_\_

### ADDRESS AND HOME PHONE

Check box if same for entire family:

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

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Please present insurance card to receptionist.

**INSURANCE POLICY 1 \*\*Please note: We do not take State Insurance plans such as DSHS, Molina, Medicaid, etc.\*\***

Your Relationship to Subscriber:  Self  Spouse  Child

Subscriber Name: \_\_\_\_\_ Subscriber ID #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: Retiree 2022 Group Name: \_\_\_\_\_ Group #: \_\_\_\_\_

**INSURANCE POLICY 2 \*\*Please note: We do not take State Insurance plans such as DSHS, Molina, Medicaid, etc.\*\***

Your Relationship to Subscriber:  Self  Spouse  Child

Subscriber Name: \_\_\_\_\_ Subscriber ID #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Group Name: \_\_\_\_\_ Group #: \_\_\_\_\_