



PATIENT INFORMATION RECORD

Allergies: _____ Age: _____

Patient's Legal Name: _____ Today's Date: _____
First M.I. Last

Address: _____
Street City State Zip

Phone #'s - Daytime: _____ Evening: _____ Emergency: _____ Cell: _____

Where do you prefer to receive calls?: Home Number Work Number Cell Number In Writing
 OK leave message with detailed info Leave message with call-back number only

Patient's Date of Birth: _____ Sex: Male Female

Marital Status: Single Married Widowed Divorced Partner Religion: _____ Primary Language: _____

Ethnicity: _____ Race: _____

Social Security No.: _____ - _____ - _____ Referred By: _____

Email Address: _____

Responsible Party: _____ Telephone: (____)-_____
First M.I. Last

Address: _____
Street City State Zip

Responsible Party Social Security No.: _____ - _____ - _____ Date of Birth: _____

Employer: _____ Telephone: (____)-_____
Street City State Zip

Address: _____
Street City State Zip

Next of Kin: _____ Relationship: _____ Telephone: Res:(____)-_____
Work:(____)-_____

I. INSURANCE INFORMATION:

Is Your Insurance a: PPO HMO Medicare Medicaid Other: _____

II. IS PATIENT'S CONDITION RELATED TO:

Employment (Current or Previous): Yes No Auto Accident: Yes No Other Accident: Yes No

PRIMARY	INSURANCE COMPANY NAME: _____
	Address: _____ Street City State Zip
	Group Number: _____ Medicare/Policy Number: _____
	Name of Insured: _____ Insured's Date of Birth: _____
	Relationship to Insured: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Student over 18 Other (Please describe): _____
SECONDARY	INSURANCE COMPANY NAME: _____
	Address: _____ Street City State Zip
	Group Number: _____ Medicare/Policy Number: _____
	Name of Insured: _____ Insured's Date of Birth: _____
	Relationship to Insured: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Student over 18 Other (Please describe): _____

**** FOR OFFICE USE ONLY ****

Identification Presented: Passport Driver's License State I.D. Insurance Card
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