

## Demographics

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Sex: **M/F**

Birth date: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Address line 1: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

### Who is filling out the form today?

Please provide your first and last name

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Who has legal custody of the patient?: \_\_\_\_\_

Primary Contact Details - who should we contact for scheduling? \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

**RESPONSIBLE PARTY / GUARANTOR INFORMATION**

Is the patient also the guarantor? \_\_\_\_\_

Guarantor First Name: \_\_\_\_\_

Guarantor Last Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

**EMPLOYMENT DETAILS**

Occupation: \_\_\_\_\_

How long?: \_\_\_\_\_

Employer Name: \_\_\_\_\_

**Please list 2 contact names to whom practice can release PHI information (HIPAA):**

1: First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**2: First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**EMERGENCY CONTACT**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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