

**PATIENT INFORMATION**

Patient: \_\_\_\_\_ Title: Mr./Mrs./Other \_\_\_\_\_ Suffix: Jr./Sr./Other \_\_\_\_\_  
Last First Middle

DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Sex: Male / Female Race/Ethnicity: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip Code

Hm Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_  
Check if Primary Check if Primary

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Ph: \_\_\_\_\_

Marital Status:  Married  Single  Widowed  Divorced Are you a Student:  Yes  No

Employment Status:  Full-Time  Part-Time  Self-Employed  Not Employed  Retired  Military Active  Other \_\_\_\_\_

Employer: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Ext: \_\_\_\_\_

Referred by: \_\_\_\_\_ Preferred Pharmacy: \_\_\_\_\_

PHI: I authorize you to release Protected Health Information to the following person (s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**RESPONSIBLE PARTY INFORMATION**

SEND STATEMENT TO

Name: \_\_\_\_\_ Title: Mr./Mrs./Other \_\_\_\_\_ Suffix: Jr./Sr./Other \_\_\_\_\_  
Last First Middle

DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip Code

Hm Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_  
Check if Primary Check if Primary

Employment Status:  Full-Time  Part-Time  Self-Employed  Not Employed  Retired  Military Active  Other \_\_\_\_\_

Employer: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Ext: \_\_\_\_\_

**INSURANCE INFORMATION**

PRIMARY

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

Group # \_\_\_\_\_ Policy ID# \_\_\_\_\_

Ins. Address: \_\_\_\_\_

Ins. Ph: \_\_\_\_\_

**POLICY HOLDER INFO:**

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Patient's Relationship to Policy Holder: Self Child Spouse

SECONDARY/SUPPLEMENTAL

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

Group # \_\_\_\_\_ Policy ID# \_\_\_\_\_

Ins. Address: \_\_\_\_\_

Ins. Ph: \_\_\_\_\_

**POLICY HOLDER INFO:**

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Patient's Relationship to Policy Holder: Self Child Spouse