

**NEW PATIENT INFORMATION**

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Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home phone (    ) \_\_\_\_\_

\_\_\_\_\_ Cell phone (    ) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Other phone (    ) \_\_\_\_\_

Gender:             Female     Male

Marital status:     Married     Single     Other

May we leave lab results on your home voicemail / answering machine?     Yes     No

May we leave lab results on your cell phone voicemail?                             Yes     No

Emergency contact name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Emergency contact phone numbers \_\_\_\_\_

Do you currently have health insurance?     Yes     No

Name of insurance company \_\_\_\_\_

Type of insurance plan     HMO     PPO     POS     Chickering     Other

If you have an HMO, who is your primary care physician? \_\_\_\_\_

If you are not the insurance subscriber, please provide the following subscriber information:

Subscriber's Name \_\_\_\_\_

Address \_\_\_\_\_

Policy # \_\_\_\_\_ Social Security # \_\_\_\_\_