

**PATIENT INFORMATION**

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

Date of Birth \_\_\_\_\_ Male [ ] Female [ ] Social Security Number \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

**Parent / Guardian**

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

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

How did you hear about our clinic? \_\_\_\_\_

I AUTHORIZE FOR MEDICAL INFORMATION TO BE LEFT ON MY ANSWERING MACHINE. YES [ ] NO [ ]

**INSURANCE INFORMATION**

Please complete the following information and have your cards available to copy for our records. Thank you.

**Primary Insurance Company** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Insured's Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Identification Number \_\_\_\_\_ Policy or Group Number \_\_\_\_\_

Insured's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Insured's SNN \_\_\_\_\_ DOB \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

**Secondary Insurance** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Identification Number \_\_\_\_\_ Policy or Group Number \_\_\_\_\_

Insured's name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Insured's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Insured's SNN \_\_\_\_\_ DOB \_\_\_\_\_

**Employer** \_\_\_\_\_

**Insurance is not a guarantee of payment for all services. You or your guardian are responsible for any balance not covered by insurance.**

*I hereby declare that all the above information that is correct.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If the patient is a minor please sign below consenting Trinity Family Medicine to provide medical care reasonable by today's standards*

Signature of Parent/ Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_