

Date \_\_\_\_\_

## Confidential Responsible Party Information

A B C

Name _____			Marital Status _____		
<small>Last</small>	<small>First</small>	<small>Middle</small>			
Residence _____			<input type="checkbox"/> Own <input type="checkbox"/> Rent		
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>		
Mailing Address _____					
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>		
How long at this address _____		Home Phone _____		Work Phone _____	
Previous Address (if less than 3 yrs.) _____					
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>		
Social Security # _____		Birthdate _____		Relationship to Patient _____	
Employer _____		Occupation _____		No. Years Employed _____	
Spouse's Name _____			Relationship to Patient _____		
<small>Last</small>	<small>First</small>	<small>Middle</small>			
Employer _____		Occupation _____		No. Years Employed _____	
Social Security # _____		Birthdate _____		Work Phone _____	

## Confidential Patient Information

Patient's Name _____					
<small>Last</small>	<small>First</small>	<small>Middle</small>			
Address _____					
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>		
Home Phone _____		Birthdate _____		Social Security # _____	
If patient is a minor, give parent's or guardian's name _____					
Whom may we thank for referring you to our office? _____					

## Insurance Information

Policy Holder's Name _____		and Soc. Sec. # _____			
Insurance Company _____		Group No. _____		Union Local No. _____	
Insurance Co. Address _____		Insurance Co. Phone _____			
Policy Holder's Employer _____					
Do you have dual coverage?    No <input type="checkbox"/> Yes <input type="checkbox"/> If yes:					
Policy Holder's Name _____		and Soc. Sec. # _____			
Insurance Company _____		Group No. _____		Union Local No. _____	
Insurance Co. Address _____		Insurance Co. Phone _____			
Policy Holder's Employer _____					

## Emergency Information

Name of nearest relative not living with you _____	
Complete Address _____	
Phone _____	Relationship: _____

I understand that where appropriate, credit bureau reports may be obtained.

Signature (Parent's signature if minor) \_\_\_\_\_

Updates (date & initial) \_\_\_\_\_