

Welcome To Our Office! Location Name

Our records contain the following information.
If there are errors, changes or omissions,
please make corrections in the blanks below.

Internal Use Only	
Account Number _____	FD Initials _____
Waivers Signed (ABN, Finance, HIPPA)? Y N	Time: _____
Photograph Taken? Y N	
Copies of Insurance? Y N	
Address/Phone Number/E-mail Verified? Y N	

Appt. Date: _____

<table border="1"> <thead> <tr> <th><u>Title</u></th> <th><u>First Name</u></th> <th><u>MI</u></th> <th><u>Last Name</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	<u>Title</u>	<u>First Name</u>	<u>MI</u>	<u>Last Name</u>					<p>How May We Contact You? <input type="checkbox"/> Home Phone <input type="checkbox"/> Day Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Other _____</p>
<u>Title</u>	<u>First Name</u>	<u>MI</u>	<u>Last Name</u>						
<table border="1"> <thead> <tr> <th><u>Preferred Name</u></th> <th><u>Birth Date</u></th> <th><u>Gender</u></th> <th><u>Mailing Address</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td>M/F</td> <td> </td> </tr> </tbody> </table>	<u>Preferred Name</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Mailing Address</u>			M/F		<p>If the patient is a child: Parent's Name _____ Parent's Address (if Different) _____ _____</p>
<u>Preferred Name</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Mailing Address</u>						
		M/F							
<table border="1"> <thead> <tr> <th><u>Day Phone</u></th> <th><u>Home Phone</u></th> <th><u>Social Security #</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	<u>Day Phone</u>	<u>Home Phone</u>	<u>Social Security #</u>				<p>School Name _____ Grade _____</p>		
<u>Day Phone</u>	<u>Home Phone</u>	<u>Social Security #</u>							
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<u>Insurance Address</u>	<u>Grp #</u>	<u>ID#</u>							
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<u>Insurance Address</u>	<u>Grp #</u>	<u>ID#</u>							
<p>I authorize the release of any medical or other information necessary to process insurance claims. I also request payment of government benefits either to myself or to the party who accepts assignment above.</p> <p>Signed: _____ Printed Name: _____</p>	<p>Signed: _____ Printed Name: _____</p>								