
Patient Information

Date _____

Referred By _____

Patient Name _____

Guardian _____

Street Address _____

City _____

State _____

Zip Code _____

SSN _____

Birth Date _____

Age _____

Gender _____

Married Partner Separated
 Widowed Single Minor

Full Time Student Yes No

School / Employer _____

Occupation _____

Spouse's Name _____

Employer _____

Contact Information

Home Phone _____

Work Phone _____

Mobile Phone _____

E-mail Address _____

Emergency Contact

Name _____

Address _____

Relationship to Patient _____

Phone _____

Primary Insurance Information

Dental Coverage _____

Insured's Name _____

Relationship to Patient _____

ID Number _____

Birth Date _____

Employer _____

Insurance Company _____

Insurance Group Number _____

Insurance Company Address _____

Insurance Company Phone _____

SSN _____

Secondary Insurance Information

Dental Coverage _____

Insured's Name _____

Relationship to Patient _____

ID Number _____

Birth Date _____

Employer _____

Insurance Company _____

Insurance Group Number _____

Insurance Company Address _____

Insurance Company Phone _____

SSN _____

Acknowledgment of Privacy Practices

(You may refuse to sign this acknowledgement)

Name (print): _____

Signature: _____

Date: _____

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (Please Specify)

Attention Patients

It is our responsibility to notify you of the statewide database of controlled substance prescriptions. This database is called the Prescription Drug Monitoring Program or PDMP. The database keeps a log of each patient's history of controlled substance use and allows healthcare providers to view history and dosage of previously used controlled substances.

Your signature on this form only verifies that we have notified you of this program.

Signature _____

Date _____