

Paige Holt MD

Laura Randolph MD

Chad Tattini MD

**PATIENT INFORMATION**

Social Security #	Full Name: Last	First	Middle	Maiden (Other)	
Street or Rural Address		P.O. Box #	City	State	Zip
Date of Birth	Age	Home Phone #	Cell Phone # Work Phone #		
Sex (Circle One) Male Female		Marital Status (circle one) Single Married Widowed Divorced		Spouse's Name	
Reason For Visit				Patient's Physician	

**PATIENT ADDITIONAL INFORMATION**

Can messages be left on machines? Home: Yes/No Work: Yes/No		<b>Emergency Contact:</b> Name	
Information can be released to the following (include name and date of birth)		Phone	
		Relationship	
Email Address		Living Will: Yes/No	Power of Attorney: Yes/No
<b>Can we communicate via E-mail ? Logistical Info Yes No Medical Info Yes No Newsletters Yes No</b>			

**RESPONSIBLE PARTY** *Check box if Responsible Party information is the same as patient*

Social Security #	Full Name: Last	First	Middle	Maiden (other) State Zip	
Address (Street or Box)			City		
Home Phone #		Work Phone #	Email Address		
Date of Birth	Age	Sex (circle one) Male Female	Patient Relationship to Responsible Party		
Responsible Party Employer			Responsible Party Employer Address		

**PATIENT EMPLOYMENT INFORMATION**

Occupation	Employer	Employer Address
If Student, name of School	If patient is a Minor, provide Name of Parent(s) or Legal guardian (legal documentation required)	

**INSURANCE INFORMATION**

Primary Insurance	Phone #	Secondary Insurance	Phone #
Mailing Address	Copay \$	Mailing Address	Copay \$
City	State	City	State Zip
Policy #	Effective Dates From: To:	Policy #	Effective Dates From: To:
Group #		Group #	
Subscriber (Policy Holder if not patient)	Date of Birth	Subscriber (Policy Holder if not patient)	Date of Birth
Social Security #		Social Security #	
Subscriber's Employer		Subscriber Employer	State Zip
Subscriber's Employer Address		Subscriber's Employer Address	
City	State Zip	City	State Zip