



**PATIENT'S INFORMATION**

Patient's Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Home Address \_\_\_\_\_  
Street Apt. City/State Zip Code

Home E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Date of birth \_\_\_\_ \_\_\_\_ \_\_\_\_ Marital Status \_\_\_\_\_ Race \_\_\_\_\_ Sex: M F

**EMERGENCY CONTACT and MISCELLANEOUS INFORMATION**

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Patient Driver License # \_\_\_\_\_

**EMPLOYER INFORMATION**

(circle) Full time Part time Retired Not Employed Self-employed Active Military Duty

Employer \_\_\_\_\_ Position \_\_\_\_\_

Employer's phone \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Street/Office # City/State Zip code

**STUDENT INFORMATION**

Status (circle) full time part time School \_\_\_\_\_

Permanent Address (If applicable) \_\_\_\_\_  
Street Apt. City/State Zip Code

**REFERRAL INFORMATION**

How were you referred to us (circle): Employer Family member Friend Web site Radio

TV Newspaper Athletic trainer Emergency room Physician Other \_\_\_\_\_

If physician or trainer referral, please list \_\_\_\_\_



**PARENT INFORMATION**  
( if minor child )

**Father's Name** \_\_\_\_\_  
Last First MI

Father's Address \_\_\_\_\_  
Street Apt. City/State Zip Code

Father's Phone (home) \_\_\_\_\_ Father's Phone (work) \_\_\_\_\_

Father's Employer \_\_\_\_\_

Father's Employer Address \_\_\_\_\_  
Street City/State Zip Code

**Mother's Name** \_\_\_\_\_  
Last First MI

Mother's Address \_\_\_\_\_  
Street Apt. City/State Zip Code

Mother's Phone (home) \_\_\_\_\_ Mother's Phone (work) \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Mother's Employer Address \_\_\_\_\_  
Street City/State Zip Code

**INSURANCE INFORMATION**

**Primary Insurance co.** \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Subscriber's Address \_\_\_\_\_  
Street Apt. City/State Zip Code

Employer \_\_\_\_\_ Subscriber's DOB \_\_\_\_\_ Subscriber's SS# \_\_\_\_\_

**Secondary Insurance co.** \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Subscriber's Address \_\_\_\_\_  
Street Apt. City/State Zip Code

Employer \_\_\_\_\_ Subscriber's DOB \_\_\_\_\_ Subscriber's SS# \_\_\_\_\_

**Third Insurance co.** \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Subscriber's Address \_\_\_\_\_  
Street Apt. City/State Zip Code

Employer \_\_\_\_\_ Subscriber's DOB \_\_\_\_\_ Subscriber's SS# \_\_\_\_\_