

Patient Information: By completing, you are consenting to treatment and payment for medical services

Last Name: _____ First Name _____ Middle _____

Jr or Sr _____ SSN _____ - _____ - _____ DOB: ____/____/____ Male ___/ Female ___

Marital Status: _____ Preferred Language: _____ Left-hand/Right-hand: _____

Race: ___ Asian ___ American Indian/Alaska Native ___ Black/African American ___ White ___ Patient Declined

Ethnicity: ___ Hispanic/Latino ___ Non-Hispanic/ Latino ___ Patient Declined

Retrieve your prescriptions electronically submitted to your pharmacy? ___ Yes ___ Declined (see nurse, practitioner or physician about your choice to decline)

Pharmacy of Choice: _____

Contact Information: Complete with street address, city, zip, apt #

Address: _____ City/ST _____ Zip _____

Cell number: (____) ____ - _____ Can we leave a message?

Home number: (____) ____ - _____ Can we leave a message?

Work number: (____) ____ - _____ Can we leave a message to return our call?

Secure Fax number: (____) ____ - _____

Email Address to use for secure patient portal in the near future: _____

Contact Preference: ___ Phone call ___ Relay Health Portal ___ Mail

Employment Information:

Employer: _____ Occupation: _____

Address: _____ FT ___ Pt ___ As needed basis ___

City, State, Zip: _____

Student: _____ Grade: _____ School: _____

Responsible Party:

Name: _____ DOB: ____/____/____

Relationship to the patient: _____ SS#: _____ - _____ - _____

Name: _____ DOB: ____/____/____

Relationship to patient: _____ SS# _____ - _____ - _____

Insurance Information: if you have more than one policy please advise and present insurance card

Name of insured member: _____ DOB: ____/____/____

Relationship to patient: _____ SS#: _____ - _____ - _____

Is there a secondary policy? No ___ Yes ___ Please present us with that information.

Signature of patient or parent/guardian if pt is a minor _____
Date

Relationship to patient

Please present us with Valid driver's license or Valid Texas ID and Insurance card (if applicable). Narcotics/controlled medications will not be prescribed without picture ID. Additionally, we need this information to scan into your EHR to be compliant