Family Medicine of Washington County **Date:_____**

PATIENT INFO (please print):

First Name:_____Middle Initial:_____Last Name:_____

Address:_____City:_____State:_____Zip:_____

Home Phone:_____Cell Phone:_____Email:_____

Birthdate:_____Social Security Number:_____ Gender: Male Female

Current Marital Status: Single Married Widowed Separated Divorced Minor Partnered for _____years

Primary Language: English Spanish Other (please specify):_____

Do have and special communication or language needs? (please specify):_____

Patient Employer/School:_____Employer/School Number:_____

Employer/School Address:_____

Emergency Contact:_____Phone Number:_____

RESPONSIBLE PARTY INFO (if different from above): Relationship:_____

First Name:_____Middle Initial:_____Last Name:_____

Address:_____City:_____State:_____Zip:_____

Home Phone:_____Cell Phone:_____

Birthdate:_____Social Security Number:_____ Gender: Male Female

Employer:_____Work Phone:_____

Employer Address:_____

INSURANCE INFO: (please present card)

Primary Insurance:_____Insurance Phone Number:_____

Insurance Address:_____

ID #:_____Group #_____Group Name:_____

If policy holder is different from patient, please fill out this section:

Relationship to Patient:_____

Subscriber Name:_____

Subscriber Employer:_____

Subscriber Date of Birth:_____

Subscriber Social Security Number:_____

Secondary Insurance:_____Insurance Phone Number:_____

Insurance Address:_____

ID #:_____Group #_____Group Name:_____

If policy holder is different from patient, please fill out this section:

Relationship to Patient:_____

Subscriber Name:_____

Subscriber Employer:_____

Subscriber Date of Birth:_____

Subscriber Social Security Number:_____

I hereby certify that all of the above information is correct and true and further certify that I am the patient or duly authorized by the patient to legally sign this document. I (patient or responsible party) guarantee payment for any amount due for such services provided by this practice.

_____ _____

Patient/Responsible Party Signature Relationship Date