

**PATIENT INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

May We Leave a Message? Yes or No      Where can message be left:    Home    Work    Cell

Email Address: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Sec. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male or Female

**Marital Status:** Single    Married    Divorced    Widowed      Spouse's Name: \_\_\_\_\_

**Race:** American Indian    Asian    African American    Native Hawaiian    White    Other: \_\_\_\_\_

**Ethnicity:** Hispanic/Latino    Not Hispanic/Latino      **Preferred Language:** \_\_\_\_\_

**FAMILY PHYSICIAN & ADDRESS;** \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

**INSURANCE INFORMATION:**

Insurance Co: \_\_\_\_\_ Policy # \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Subscriber Information (if different from patient):

Name: \_\_\_\_\_ Social Sec #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

**PATIENT EMPLOYMENT INFORMATION:**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

**IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT?**

Name: \_\_\_\_\_ Relationship: Spouse    Parent    Child    Other

Address, City, State: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**PHARMACY INFORMATION:**

Local Pharmacy: \_\_\_\_\_ Phone # \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Mail Order Pharmacy: \_\_\_\_\_ Phone # \_\_\_\_\_

Address, City, State: \_\_\_\_\_

**INSURANCE AUTHORIZATION AND ASSIGNMENT**

I hereby authorize Main Line Rheumatology to furnish information to insurance carriers concerning my illness and treatments and I hereby assign to the physicians all payments for medical services rendered to myself or my dependents. I understand that I am responsible for any deductibles or co-insurance payments.

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date