

Today's Date: _____

Patient ID #: _____

OFFICE USE ONLY

PATIENT INFORMATION (PLEASE PRINT)

Name (First/M.I./Last): _____ Maiden Name: _____

Address: _____ City/St/Zip: _____

Marital status: _____ Date of birth: _____ Social Security #: _____

Phone #'s: home: _____ cell: _____ work: _____

Preferred phone number (circle one): *home cell work* Email: _____

Preferred language: _____

Employer: _____ Occupation: _____

Primary Care Physician: _____ Ob/Gyn Physician: _____

EMERGENCY CONTACT

Name _____ Phone #: _____ Relationship: _____

RACE African American White Asian American Indian or Pacific Islander

More than one race Unknown Decline to respond

ETHNICITY Hispanic or Latino Not Hispanic or Latino Unknown Decline to respond

INSURANCE INFORMATION Please provide your current insurance card each time that you are seen.

Primary Insurance: _____

Policy Holder's Name (if other than patient): _____

Policy Holder's date of birth (if other than patient): _____

Relationship to patient: *spouse parent other* _____

Secondary Insurance: _____

Policy Holder's Name (if other than patient): _____

Policy Holder's date of birth (if other than patient): _____

Relationship to patient: *spouse parent other* _____

RESPONSIBLE PARTY FOR PAYMENT Required only for patients under the age of 18.

Name: _____ Date of birth: _____

Address: _____

Phone number: _____ Relationship to patient: _____

Patient's Signature: _____ Date: _____

Guardian's Signature (if applicable): _____ Date: _____

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Ob/Gyn Associates of Holland, PC, is concerned about maintaining your confidential information. We will not release your information without your written permission except as outlined in our HIPAA policy. Ob/Gyn Associates of Holland, PC reserves the right to modify its privacy practices from time to time as required. By signing below, I acknowledge that I have been provided with a copy of the Notice of Privacy Practices for Ob/Gyn Associates of Holland, PC.

Signature of patient or patient's representative

Date