

Mr. ___ Mrs. ___ Miss. ___ Ms. ___ Dr. ___ Single ___ Married ___ Widowed ___ Separated ___ Divorced ___

Patient Name: _____

First MI. Last

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Business Phone: (_____) _____

Cell Phone: (_____) _____ E-Mail Address: _____

Birthdate: _____ Social Security #: _____

Employer: _____ Occupation: _____

HOW MAY WE CONTACT YOU? Home phone ___ Work ___ Cell ___ Mail ___ E-mail ___

MAY WE LEAVE A MESSAGE? YES ___ NO ___

IF YOU WOULD LIKE TO RECEIVE NOTICES OF DISCOUNTS AND EVENTS WITHIN OUR OFFICE, PLEASE CHECK: E-MAIL ___ TWITTER ___ Twitter Handle _____

(Your name and address will not be sold to or shared with anyone.)

WOULD YOU LIKE APPOINTMENT REMINDER CALLS? YES ___ NO ___ If YES, # to call: _____

Person responsible for the bill (if other than patient)

Name: _____ Relationship _____ Phone: _____

Address: _____

EMERGENCY CONTACT (Person to whom full disclosure regarding medical condition may be made if necessary):

Name: _____ Phone: (____) _____

Relationship: _____ Address: _____

Was this an accident? YES ___ NO ___ On the job? YES ___ NO ___

Date of injury: _____ Accident Insurance Coverage? YES ___ NO ___

INSURANCE INFORMATION

Primary Insurance: _____

Subscriber Name: _____ Relationship to patient: _____ **Subscriber Birthdate:** _____

Insurance ID #: _____ Insurance Group # _____

Secondary Insurance? YES ___ NO ___

If "Yes" name of insurance company: _____ Subscriber name: _____

ID # _____ Group # _____

REFERRED BY: _____

A health care professional requested that I make an appointment w/ Dr. Gaboriau for a consultation. YES ___ NO ___

If "YES," name of doctor or other health care professional. _____

PRIMARY PHYSICIAN: _____

ADDRESS: _____ Send report? YES ___ NO ___

Assignment and Release: I hereby authorize my insurance benefits to be paid directly to the physician and I am financially responsible for non-covered services. I also authorize the physician to release any information required.

Patient Signature Date // UPDATE

For Office Use: Identifying information confirmed: _____ (initial) _____ (date)