Patient Information Sheet

Date:

Time:

Patient ID:

Last Name _____ **First Name** _____ **Middle Initial** _____

Maiden Name _____ **Soc. Security No.** _____ **Date of Birth** _____

Marital Status _____ **Primary Phone #:** _____

Address: _____ **Home #:** _____

_____ **Cell #:** _____

City, St., Zip _____

Spouse: _____ **Patient's Employer:** _____

Patient's Work #: _____

Spouse's Phone #: _____ **Allergies:** _____

Spouse's Employer: _____ _____

Pt. Preferred Provider: _____ **Primary Language Used :** _____

Primary Care Provider _____ **Religious Preference** _____

Emergency Contact: _____ **Phone #** _____ **Relationship:** _____

Primary Ins: _____ **Policy ID #:** _____

Insurance Address _____ **Group #** _____

Policy Holder: _____ **Policy Holder Relationship** _____ **Date of Birth** _____

Secondary Ins: _____ **Policy ID #:** _____

Secondary Ins. Address _____ **Group #** _____

Policy Holder: _____ **Policy Holder Relationship** _____ **Date of Birth** _____

Responsible Party _____ **Social Security #** _____

Address _____ **Relationship** _____

City _____ **State** _____ **Zip** _____

By providing my signature below I am acknowledging the following authorizations:

CONSENT TO TREAT- I authorize my physician and/or his/her designee to provide medical and diagnostic services he/she deems necessary and appropriate. I understand I have the right to ask questions and receive answers regarding my treatment plan. I also have the right to refuse treatment and seek a second opinion.

ASSIGNMENT OF BENEFITS- I authorize assignment of all insurance benefits to Lincoln OB-GYN, P.C. I authorize release of medical records to my medical insurance carrier, any information needed for processing this or related claims.

By providing my signature below I acknowledge the information provided is correct to the best of my knowledge.

I understand that I am financially responsible for all charges not paid by my insurance company.

_____ _____

Signature of Patient or Parent/Legal Guardian of Minor Patient **Date:**