

# Patient Information Sheet

Patient ID: \_\_\_\_\_

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

Language: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home #: \_\_\_\_\_

Email: \_\_\_\_\_

Cell #: \_\_\_\_\_

Patients Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

May Release Information to: \_\_\_\_\_

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Primary Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Group #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Relationship: \_\_\_\_\_

Policy Holder DOB: \_\_\_\_\_

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Secondary Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Group #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Holder DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_

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Responsible Party: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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**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 see 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 any insurance company.**

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Signature of Patient or Parent/Legal Guardian of Minor

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Date