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| DWITE D. DAHMS, M.D.PIERRE DURAND, M.D. | GARY A. PATTEE, M.D.MICHAEL T. VERCILLO, M.D. |
| JOHN DELGADO, M.D. |

# PATIENT REGISTRATION INFORMATION

**PLEASE PRINT AND COMPLETE ALL SECTIONS!**

**IS YOUR CONDITION A RESULT OF A WORK INJURY?** YES NO **AN AUTO ACCIDENT?** YES NO

 **PATIENT’S PERSONAL INFORMATION**

Name Date of Birth / / Age

*Sex: M F*

Address City State Zip

Home Phone ( ) Work Phone ( ) Cell Phone( ) Marital Status: S M D W P (separated)

Email address

Occupation

Employer/School Name Driver’s License: Address City State Zip

Social Security # - - Date of Retirement

Spouse’s Name

Spouse’s Social Security # - -

Spouse’s Work Phone ( )

# EMERGENCY CONTACT

Name of person not living with you

Relationship

Address City State Zip

Home Phone ( ) Work Phone( ) Cell Phone( )

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#  PATIENT’S REFERRAL INFORMATION

Referred by Your Primary Physician

# RESPONSIBLE PARTY INFORMATION (if not same as patient)

Name Date of Birth / /

Month Day Year

Relationship to Patient: Self Spouse Other

Address City State Zip Home Phone ( ) Work Phone( ) Cell Phone ( ) Employer's Name Phone Number ( )

Address City State Zip

# PATIENT’S INSURANCE INFORMATION

**PRIMARY** insurance company’s name Insurance ID# Group Name Group#

**SECONDARY** insurance company’s name

Insurance ID# Group Name Group#

# ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, ,have received the Notice of Privacy Practices from Dahms, Durand, Pattee,

Vercillo, and Delgado M.D.

Sign Date:

# SUMMARY OF OUR FINANCIAL POLICY

I, ,have received the Summary of Financial Policy from Dahms, Durand, Patee

Vercillo, and Delgado M.D.

Sign Date: