

Date \_\_\_\_\_

## Confidential Responsible Party Information

Name _____	Marital Status _____		
<small>Last</small>	<small>First</small>	<small>Middle</small>	
Residence _____			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Mailing Address _____			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
How long at this address _____	Home Phone _____	Work Phone _____	
Previous Address (if less than 3 yrs.) _____			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Social Security # _____	Birthdate _____	Relationship to Patient _____	
Employer _____	Occupation _____	No. Years Employed _____	
Spouse's Name _____	Relationship to Patient _____		
<small>Last</small>	<small>First</small>	<small>Middle</small>	
Employer _____	Occupation _____	No. Years Employed _____	
Social Security # _____	Birthdate _____	Work Phone _____	

## Confidential Patient Information

Patient's Name _____			
<small>Last</small>	<small>First</small>	<small>Middle</small>	
Address _____			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Home Phone _____	Birthdate _____	Social Security # _____	
If patient is a minor, give parent's or guardian's name _____			
Whom may we thank for referring you to our office? _____			

## Insurance Information

Policy Holder's Name _____	and Soc.Sec. # _____
Insurance Company _____	Group No. _____ Union Local No. _____
Insurance Co. Address _____	Insurance Co. Phone _____
Policy Holder's Employer _____	
Do you have dual coverage? No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes:
Policy Holder's Name _____	and Soc. Sec. # _____
Insurance Company _____	Group No. _____ Union Local No. _____
Insurance Co. Address _____	Insurance Co. Phone _____
Policy Holder's Employer _____	

## Emergency Information

Name of nearest relative not living with you _____	
Complete Address _____	
Phone _____	Relationship: _____

I understand that where appropriate, credit bureau reports may be obtained.

Signature (Parent's signature if minor) \_\_\_\_\_

Updates (date & initial) \_\_\_\_\_