



1663 McFarland Blvd N. Suite G5. Tuscaloosa, AL 35406  
Phone 205.759.9588 Fax 205.759.9590

**Patient Information**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI (Preferred)

Male  Female  Married  Single  Child

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Best time to call: \_\_\_\_\_ How do you prefer to be contacted: \_\_\_\_\_

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

Street

City State Zip Code Emergency Contact/Relation Phone

Whom may we thank for referring you to our practice? \_\_\_\_\_

**Responsible Party Information (if someone other than patient)**

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone(Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Street City State Zip Code

**Insurance Information**

**Primary**

Name of Insured: \_\_\_\_\_  
Last First MI

Insured's Birth Date: \_\_\_\_\_ Is insured a patient of our office?  Yes  No

Insured's Address: \_\_\_\_\_  
Street City State Zip Code

Insured's Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code

Patient's relationship to insured:  Self  Spouse  Child  Other \_\_\_\_\_

Insurance Plan Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Secondary**

Name of Insured: \_\_\_\_\_  
Last First MI

Insured's Birth Date: \_\_\_\_\_ Is insured a patient of our office?  Yes  No

Insured's Address: \_\_\_\_\_  
Street City State Zip Code

Insured's Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code

Patient's relationship to insured:  Self  Spouse  Child  Other \_\_\_\_\_

Insurance Plan Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_