



**Emergency Contact**

Name of Contact: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_

**Primary Insurance**

Company Name: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_ Policy Holder's Date of Birth: \_\_\_\_\_

**Secondary Insurance**

Company Name: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_ Policy Holder's Date of Birth: \_\_\_\_\_

How did you find out about the practice? (Please circle one)

- |        |                  |                 |                   |
|--------|------------------|-----------------|-------------------|
| Friend | Internet/Website | Phonebook       | Hospital Referral |
|        | PCP referral     | BRAC relocation | Other             |

\_\_\_\_\_  
Signature of patient or legal guardian (if under 18)

\_\_\_\_\_  
Date