BRUSHY CREEK FAMILY PHYSICIANS

Wyoming Springs: ☐ Strawser ☐ Turner ☐ Dluzniewski ☐ Spellings
Links Lane: ☐ Goode ☐ Lewis ☐ Neitsch ☐ Sypniewski

PATIENT INFORMATION:
Please print legibly

LAST: _____ FIRST: _____ MIDDLE:_____

ADDRESS: _____ CITY:_____ ZIP:_____

DATE OF BIRTH: _____/_____/_____ GENDER: ☐M ☐F ETHNICITY: ☐ Hispanic/Latino ☐Not Hispanic/Latino

PRIMARY PHONE ☐ Home ☐ Cell ( )_____ SECONDARY PHONE ☐ Home ☐ Work ☐ Cell ( )_____

EMAIL ADDRESS:_____ EMPLOYER :_____

MARITAL STATUS: ☐Single ☐ Married ☐ Divorced ☐ Widowed

RACE: ☐ African American ☐ American Indian/Alaska Native ☐Asian ☐Hispanic ☐ Native Hawaiian/Pacific Islander
☐White ☐Other _____ SPOKEN LANGUAGE:_____

PHARMACY/LOCATION: ***(Please be specific)*** *Example: Walgreens @ Wyoming Springs or CVS RR 3406 & I35*

_____(Parent's Initials) I authorize this practice to enter all immunizations into a national database for the convenience of the patient.

EMERGENCY CONTACT: _____RELATIONSHIP: _____PHONE: _____

RESPONSIBLE PARTY/GUARANTOR:

NAME:_____ D.O.B_____ PHONE: (_____)_____

ADDRESS:_____ RELATIONSHIP TO PATIENT: _____

PLEASE PRESENT YOUR INSURANCE CARD(S) & DRIVERS LICENSE TO THE FRONT DESK

PRIMARY INSURANCE: _____

POLICY HOLDER ID # _____

GROUP #_____

POLICY HOLDER NAME:_____

POLICY HOLDER D.O.B._____

PATIENTS RELATIONSHIP TO POLICY HOLDER:
☐ SELF ☐ SPOUSE ☐ CHILD

SECONDARY INSURANCE: _____

POLICY HOLDER ID # _____

GROUP #_____

POLICY HOLDER NAME:_____

POLICY HOLDER D.O.B. _____

PATIENTS RELATIONSHIP TO POLICY HOLDER:
☐ SELF ☐ SPOUSE ☐ CHILD

How did you learn about our practice? Check all that apply: ☐Family/Friends ☐ Facebook ☐Twitter ☐Yelp ☐Blog ☐Radio
☐Referring Provider ☐ HealthGrades.com ☐ Google Places ☐Physician Directory ☐ Search Engine ☐ Community Impact

PATIENT/GUARDIAN SIGNATURE: _____ DATE: _____

Print Form

Updated 1/07/2016