

# Bay Area Oriental Family Practice, P.A.

## PATIENT INFORMATION & QUESTIONNAIRE FORM

Please complete entire form, date and sign (Please Print)

Referred By \_\_\_\_\_ First Visit Date: \_\_\_\_\_

Patient Name \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ SSN# \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt # City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Sex: M\_ F\_

Employed By \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and health care operation):

\_\_\_\_\_  
\_\_\_\_\_

Please list the family members or significant others, if any, whom we may inform about your medical condition ONLY IN AN EMERGENCY:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please print the address of where you would like your billing statements and/or correspondence from our office to be sent if other than your home.

\_\_\_\_\_  
\_\_\_\_\_

Please indicate if you want all correspondence from our office sent in a sealed envelope marked "CONFIDENTIAL": YES \_\_\_\_\_ NO \_\_\_\_\_

Please print the telephone number where you want to receive calls about your appointments or other health care information if other than your home phone number: \_\_\_\_\_

Can confidential messages (i.e., appointment reminders) be left on your telephone answering machine or voicemail? YES \_\_\_\_\_ NO \_\_\_\_\_

Insurance Information\*\*\*\*\*

Insurance Company \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Insured Name \_\_\_\_\_ SSN# \_\_\_\_\_

Insured Birth Date \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

.....  
I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES FOR SERVICES TO ME, INCLUDING THE BALANCE REMAINING AFTER PAYMENT OF POSSIBLE INSURANCE BENEFITS.

\_\_\_\_\_  
PATIENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE