



**PATIENT INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_ Age \_\_\_\_\_ Sex  M  F

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Yes, messages can be left at this number.  Yes, messages can be left at this number.  Yes, messages can be left at this number.

Which would you prefer we call?  Home  Cell  Work

Email Address \_\_\_\_\_

Preferred Language  English  Other \_\_\_\_\_ Race \_\_\_\_\_

Marital Status \_\_\_\_\_ Do you have an advance directive or living will?  Yes  No

Emergency Contact \_\_\_\_\_  
Name Phone Relationship

If you would like to authorize Health First Family Medicine to release information regarding your medical care to someone in addition to yourself (spouse, parent, etc.) please list name below. If not, please check the box below:

Please do not disclose information to anyone but myself

\_\_\_\_\_  
Name Relationship

**INSURANCE POLICY HOLDER (IF DIFFERENT FROM PATIENT)**

Print Name as it appears on your insurance card:

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

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

Contact Number (\_\_\_\_) \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

**PRIMARY INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_ Benefit Phone \_\_\_\_\_

Subscriber ID # \_\_\_\_\_ Group # \_\_\_\_\_

**SECONDARY INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_ Benefit Phone \_\_\_\_\_

Subscriber ID # \_\_\_\_\_ Group # \_\_\_\_\_

I have read all of the above information and have completed it to the best of my knowledge. I will notify you of any changes in my health status or demographic information. I hereby authorize Health First Family Medicine to furnish information to insurance carriers concerning my medical status. I understand that I am responsible for any amount not covered by my insurance.

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date