Riverside Gastroenterology
Treating You Well

WELCOME

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Decatur, Alabama 35601
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PLEASE FILL OUT COMPLETELY. PUT N/A IF IT DOES NOT APPLY.

PATIENT INFORMATION

Name: First _____ Middle _____ Last _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Sex: ❑ Male ❑ Female ❑ Employed ❑ Retired ❑ Disabled

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security #: _____

Marital Status: ❑ Single ❑ Married ❑ Separated ❑ Divorced ❑ Widow / Widower

E-mail address: _____ Who referred you to us? _____

EMPLOYMENT INFORMATION

Employer's Name and Address: _____

Occupation: _____ Work Phone: _____

BILLING INFORMATION

Person responsible for paying bill: ❑ Patient ❑ Parent ❑ Spouse ❑ Other _____

Name (if different from above): _____ Date of Birth: _____

Address (if different from above): _____ Social Security #: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Employer's Name and Address: _____

Can we leave messages on your answering machine / voice mail? At home ❑ Yes ❑ No At work ❑ Yes ❑ No

Can we leave appointment reminders on your answering machine? ❑ Yes ❑ No

Do we have your permission to phone/fax in prescriptions to your Pharmacy? ❑ Yes ❑ No

Pharmacy name: _____ Phone #: _____

RELEASE INFORMATION

Please list the name of any person(s) that we may discuss your medical information with:

1. _____ Relationship: _____

2. _____ Relationship: _____

INSURANCE INFORMATION

Primary Insurance Company Name _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____

Subscriber's ID # _____ Group #_____ Policyholder's Name _____ SS# _____

Patient's relationship to policyholder ❑ Self ❑ Spouse ❑ Child ❑ Other Date of Birth of Subscriber _____

Secondary Insurance Company Name _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____

Subscriber's ID # _____ Group #_____ Policyholder's Name _____ SS# _____

Patient's relationship to policyholder ❑ Self ❑ Spouse ❑ Child ❑ Other Date of Birth of Subscriber _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____ Address: _____

Phone Number: _____ Relationship: _____

PLEASE COMPLETE ALL INFORMATION ON THE REVERSE SIDE