

Today's Date \_\_\_\_\_

**Patient Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
last name first name m.i.

Address \_\_\_\_\_  
street apt # city state zip

Mailing Address \_\_\_\_\_  
If different than above city state zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Sex: M F Status: S M D W

**Additional Information for PATIENT or Guardian (Required)**

Name of responsible person if other than patient or if patient is a minor \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License #/State \_\_\_\_\_

Place of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

**Emergency Contact Information**

Name of Person to Contact \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Check here to authorize CEI Medical Group to disclose your private health information to this individual

**Insurance Information**

**Primary Insurance**

**Secondary Insurance**

Insurance Co. Name _____	Insurance Co. Name _____
Subscriber Name _____	Subscriber Name _____
Subscriber I.D. # _____	Subscriber I.D. # _____
Group or Policy # _____	Group or Policy # _____
Subscriber Date of Birth _____	Subscriber Date of Birth _____
Relationship to Patient _____	Relationship to Patient _____

**How Did You Hear About Us?**

Reason for Consultation \_\_\_\_\_

Referred By \_\_\_\_\_ Specialty \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Or  Yellow Pages  Relative  Friend  Employee  Event  Other \_\_\_\_\_

Who is your Primary Care Physician? \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Other**

I would like to receive newsletters and/or information about CEI Medical Group events  Yes  No

CEI Medical Group may leave voice mail messages containing my private health Information on any of the phone numbers listed on this form  Yes  No

Language I would prefer reminder phone calls in \_\_\_\_\_

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_