

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 / CSI / CFI / LTHF to disclose your private health information to this individual

**Insurance Information**

**Primary Insurance (Courtesy only for LTHF)**

**Secondary Insurance (Courtesy only, all Clinics)**

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 the Institute's newsletters and/or information about events via e-mail  Yes  No  
 e-mail address \_\_\_\_\_

CEI / CSI / CFI / LTHF may leave voice mail messages containing my private health I  Yes  No  
 Information on any of the phone numbers listed on this form

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