

Private & Confidential Health History and Personal Information

Welcome to our office. Your overall health is important to us. We strive to treat all patients in a safe and effective manner; therefore, we need to ask you some detailed questions related to your general health.

(Dr. – Mr. – Mrs. – Ms.) Date of Birth (M/D/Y): _____ Today's Date: _____

Last name: _____ First name: _____

Home phone _____ Cell _____ Office _____

Street Address _____ Town/City _____

Postal Code _____ Email _____

How did you learn about our office? _____

Personal Physician _____ Telephone _____

Emergency contact _____ Telephone _____

Insurance

INSURANCE: YES NO

Primary insurance plan holder

Name: _____ Date of Birth: __/__/____

Name of company: _____

Plan # _____ Cert # _____

Secondary insurance plan holder

Name: _____ Date of Birth: __/__/____

Name of company: _____

Plan # _____ Cert # _____