



PATIENT REGISTRATION & HEALTH QUESTIONNAIRE – PLEASE PRINT

THIS FORM IS TO BE COMPLETED ANNUALLY

NAME: _____ PREFERRED NAME: _____

DATE OF BIRTH: ___/___/___ MARITAL STATUS (*circle one*): M S D W ETHNICITY: _____

EMAIL: _____ REFERRED BY: _____

ADDRESS: _____ APT#: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME-_____ CELL-_____ WORK-_____

SS#: ___-___-___ IF UNDER 18, PARENT/GUARDIAN: _____

EMERGENCY CONTACT: _____ PHONE #: _____

PLEASE LIST ANY ALLERGIES OR DRUG SENSITIVITIES: _____

PHARMACY (*name, address & phone #*) _____

DO YOU GIVE US PERMISSION TO RECEIVE HISTORY FROM PHARMACY & SEND PRESCRIPTIONS TO THEM? YES or NO

INSURANCE & BILLING INFORMATION

PRIMARY INSURANCE CO: _____ NAME OF INSURED: _____

RELATIONSHIP TO PATIENT _____ DATE OF BIRTH: ___/___/___ SS#: ___-___-___

I consent to treatment necessary for the care of the above-named patient, I authorize the release of all medical records to the referring and primary care physician and to my insurance co. I will allow fax transmittal of my medical records, if necessary I acknowledge full financial responsibility for services rendered by The Women's Group of Gwinnett, P.C. **There will be a \$30.00 returned check fee.** I understand that payment of charges incurred is due at the time of service unless other definite financial arrangements have been made prior to treatment. I agree to pay all reasonable attorney fees and collection costs in the event of default of payment of my charges I further authorize and request that insurance payments be made directly to the named provider. I have read and fully understand the above consent for treatment, financial responsibility, release of medical information insurance authorization. Medical records consist of confidential information relating to your health. It is the policy of The Women's Group of Gwinnett, P.C. not to release medical records without patient's prior written consent. I understand that any request for release of such medical records must be in writing at the time of such request.

SIGNATURE

DATE

PARENT/GUARDIAN (*if under 18*) PRINT

SIGNATURE