

# Allegany Plastic Surgery

## Patient Information

~~PLEASE COMPLETE THE ABOVE INFORMATION~~

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: Married/ Single/ Divorced/ Other      Sex: Male/ Female

Social Security#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Employer's Address and Phone: \_\_\_\_\_

Family/Primary Care Physician: \_\_\_\_\_ /Referring Physician \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

*Please check box where we may leave a message for your appointment or surgery:*

Voicemail: Home:  Cell:  Work:  Spouse:  Family Member:

*Please list the family member or other person, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and health care operations).*

Family/Other Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### ~~INSURANCE INFORMATION~~

NAME OF INSURANCE COMPANY \_\_\_\_\_ SECONDARY \_\_\_\_\_

ARE YOU THE POLICY HOLDER? YES / NO (If NO, Please give policy holder name, DOB and place of employment )

Policy Holder Name: \_\_\_\_\_ DOB: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

Relationship to Policy Holder: SELF  SPOUSE  PARENT

~~Is this visit related to a current injury?~~ YES / NO

~~Is this related to old injury?~~ YES / NO

~~Is this visit related to a result of trauma?~~ YES / NO

~~Is this related to Workers/Comp?~~ YES / NO

**Please take a few moments to tell us how you heard about us. Thank you!**

How did you find out about us? \*\* Family \*\*Friend \*\* Internet \*\*TV \*\*Radio \*\*Yellow Pages \*\*Other (please specify)

*( If YES to any of the above questions, Please fill out injury form )*

*I am fully aware my health information will be transmitted by electronic transmission, by fax transmittal, by internet or by e-mail.*

Patient Signature/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_