

Chart # \_\_\_\_\_

**Obstetrics & Gynecology P.C.**  
**WELCOME TO OUR OFFICE**

PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SOC. SEC. NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

RELIGIOUS PREFERENCE \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

SPOUSE OR PARENT NAME \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_ FAMILY DOCTOR \_\_\_\_\_

IN CASE OF EMERGENCY, LOCAL NUMBER/PERSON TO NOTIFY (OTHER THAN HUSBAND) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DO YOU HAVE AN ADVANCE DIRECTIVE: YES \_\_\_\_\_ NO \_\_\_\_\_ REFERRED BY \_\_\_\_\_

**INSURANCE INFORMATION**

PRIMARY INSURANCE \_\_\_\_\_ SECONDARY INSURANCE \_\_\_\_\_

PRIMARY CARD HOLDER \_\_\_\_\_ NAME OF INSURED \_\_\_\_\_

INSURED DATE OF BIRTH \_\_\_\_\_ INSURED DATE OF BIRTH \_\_\_\_\_

INSURED ID # \_\_\_\_\_ INSURED ID # \_\_\_\_\_

GROUP # \_\_\_\_\_ GROUP # \_\_\_\_\_

I hereby give permission to the doctor (s) to administer treatment and perform such general procedures as is deemed necessary in the diagnosis and/or treatment of my condition. I hereby give permission to the doctor (s) to release any information requested by my insurance company acquired in the course of my examination and treatment. I hereby authorize and direct my insurance benefits to be paid directly to the doctor. I am financially responsible for non-covered services. Our charges may exceed the usual and customary amount that your insurance company will approve. You have a contract with your insurance carrier, not with our office; therefore you are responsible for any balance not paid by your insurance. I also acknowledge that I have received a copy of Obstetrics & Gynecology Specialists, P.C.'s Notice of Privacy Practices with the effective date of April 14, 2003

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**(I have read and agree to the above statements)**

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