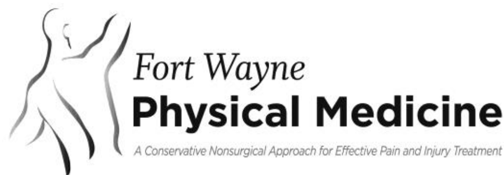
Today's Date: ___________
Date Reviewed: _______________



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Fort Wayne, Indiana 46804
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PATIENT INFORMATION

Name: ____Suffix: ________________

Date of Birth: _______________________ Social Security Number: _____________________________

Address: ____

City: _______________________________________ State: ________ Zip Code: __________________

Home Phone: ___________________________Cell Phone: ___________________________________

Family Physician: _________________________________Phone: _____________________________

Referring Physician: ________________________________Phone: _____________________________

Gender: ☐ Male ☐Female **Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Employment Status: ☐ Full-time ☐ Part-time ☐ Retired ☐ Self-Employed ☐ Student ☐Unemployed

Is this Worker's Compensation? ☐ Yes ☐ No **Is this appointment due to an auto accident?** ☐ Yes ☐ No

Employer: ____Phone: _____________________________

Employer Address: ____

City: _______________________________________ State: _________ Zip Code: _________________

POLICY HOLDER INFORMATION

Insurance Company Name: ______________________________ Effective Date: _________________

Subscriber Name: ____________________________ SS#: ___________________DOB: ___________

Address: ____

Employer: ____Phone: _____________________________

Employer Address: ____

City: _____________________________________ State: _____________ Zip: ____________________

EMERGENCY CONTACT

Name: _________________________________Relationship to Patient: _________________________

Home Phone: ___________________________Work/Cell Phone: ______________________________

REQUIRED BY GOVERNMENT

Race:
- ☐ White
- ☐ African American
- ☐ American Indian/Alaskan
- ☐ Asian
- ☐ Hawaiian/Pacific Islander
- ☐ Other
- ☐ Decline to Answer

Language:
- ☐ English
- ☐ Other: ____________

Ethnicity:
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Smoking Status:
- ☐ Never Smoked
- ☐ Current
- ☐ Every Day Smoker
- ☐ Current Occasional Smoker
- ☐ Former Smoker

If Current or Quit within 12 months:
☐ Cigarettes ☐ Cigars ☐ Pipe ☐ Smokeless