



# Patient Welcome Form

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  F  M  
Preferred Name: \_\_\_\_\_ Marital Status:  S  M  Other If married, spouse's name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer/School: \_\_\_\_\_ Occupation/Grade: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_  
If minor, names of parents/guardians: \_\_\_\_\_  
Person Responsible for Payment:  Self  Other: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Billing Address:  Same as Above  Other: \_\_\_\_\_  
List any family members seen at our practice: \_\_\_\_\_  
How did you hear about our practice?  Friend/Relative, their name \_\_\_\_\_  
 Online Search  Insurance List  Advertisement  School  Drive by  Reputation  Doctor, their name \_\_\_\_\_  
Reason for Appointment: \_\_\_\_\_

## INSURANCE INFORMATION

MEDICAL Insurance: \_\_\_\_\_ VISION Insurance: \_\_\_\_\_  
For Insurance Purposes are you:  Employed  Unemployed  Full-time Student  
Relationship to Insured:  Self  Spouse  Child  Other \_\_\_\_\_  
Whose employer provides insurance:  Mine  Other: Fill out information below  
Employee Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  F  M  
Employee Address (if different from above): \_\_\_\_\_

## COMMUNICATION PREFERENCES

Our office is advancing our communication abilities and you now have more options for reminders and confirmations. Managing your preferences and requests can also be handled online from any received email.  
**Note:** Your email, phone and other information is protected information – we will never share it.

Name: \_\_\_\_\_  
Family members this should also apply to: \_\_\_\_\_  
Do you want reminders for scheduled appointments?  Yes  No If yes, please choose from the following:  
 Email (only one address please): \_\_\_\_\_  
 Text (confirm cell number): \_\_\_\_\_ \*\*reply with STOP at any time to discontinue\*\*  
 Phone Call: \_\_\_\_\_  Home  Work  Cell