

P: (312) 236-7010  
F: (312) 236-7190

BAIN MED



## Patient Demographics

How did you hear about Dr. Bain? \_\_\_\_\_

Patient First Name, MI Patient Last Name DOB

Home Phone Cell Phone Work Phone Email

Address City State Zip

Marial Status Sex Race Ethnicity

Photo ID Front, Back

What is the reason for your visit? \_\_\_\_\_

Emergency Contact Name Phone Relationship



444 N. Northwest Hwy  
Suite 200  
Park Ridge, IL 60068



P: 312-236-7010  
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[patientservices@docintheLOOP.com](mailto:patientservices@docintheLOOP.com)  
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Who may we share your medical information with?

This includes all health information including but not limited to test results, appointment dates, insurance information and billing statement information.

| Name | Phone | Relationship |
|------|-------|--------------|
|------|-------|--------------|

| Name | Phone | Relationship |
|------|-------|--------------|
|------|-------|--------------|

Patient or Guardian Signature

Date

Patient Name (Please Print)



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