

DWITE D. DAHMS, M.D.
PIERRE DURAND, M.D.

GARY A. PATTEE, M.D.
MICHAEL T. VERCILLO, M.D.
JOHN DELGADO, M.D.

PATIENT REGISTRATION INFORMATION

PLEASE PRINT AND COMPLETE ALL SECTIONS!

IS YOUR CONDITION A RESULT OF A WORK INJURY? YES NO AN AUTO ACCIDENT? YES NO

PATIENT'S PERSONAL INFORMATION

Name _____ Marital Status: S M D W P (separated)

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone() _____

Sex: M F Date of Birth _____ / _____ / _____ Age _____
Month Day Year

Email address: _____

Occupation _____

Employer/School Name _____ Driver's License: _____

Address _____ City _____ State _____ Zip _____

Social Security # _____ - _____ - _____ Date of Retirement _____

Spouse's Name _____ Spouse's Work Phone () _____

Spouse's Social Security # _____ - _____ - _____

RESPONSIBLE PARTY INFORMATION (if not same as above)

Responsible Party _____ Date of Birth _____ / _____ / _____
Month Day Year

Relationship to Patient: Self _____ Spouse _____ Other _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone() _____ Cell Phone() _____

Employer's Name _____ Phone Number () _____

Address _____ City _____ State _____ Zip _____

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PATIENT'S REFERRAL INFORMATION

Referred by _____ Your Primary Physician _____

EMERGENCY CONTACT

Name of person not living with you _____

Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone() _____ Cell Phone() _____

PATIENT'S INSURANCE INFORMATION

PRIMARY insurance company's name _____

Insurance ID# _____ Group Name _____ Group# _____

SECONDARY insurance company's name _____

Insurance ID# _____ Group Name _____ Group# _____

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received the Notice of Privacy Practices from Dahms, Durand, Pattee,
Vercillo, and Delgado M.D.

X _____ Date: _____

SUMMARY OF OUR FINANCIAL POLICY

I, _____, have received the Summary of Financial Policy from Dahms,
Durand, Pattee, Vercillo, and Delgado M.D.

X _____ Date: _____