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### PATIENT INFORMATION SHEET

Full Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_

Email: \_\_\_\_\_

Sex: \_\_\_\_ Male \_\_\_\_ Female Marital Status \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Divorced

#### PERSON RESPONSIBLE FOR PAYMENT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone (\_\_\_\_) - \_\_\_\_

#### Employment Information

Employment Status (If minor, parent's): \_\_\_\_ Employed \_\_\_\_ Student \_\_\_\_ Other

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

#### EMERGENCY CONTACTS

Name \_\_\_\_\_ Phone (\_\_\_\_) - \_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) - \_\_\_\_ Relation \_\_\_\_\_

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Patient or Guardian Signature

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Date