Diabetes and Endocrine Wellness Center, LLC
Patient Demographic Information

Patient Name: ____
Street Address: ___________________________ City: ____________ State: _____Zip:_______
Mailing Address (If Different): ____

Please Circle Preferred Contact Phone Number
Home Phone: _______________ Cell Phone: ________________Work Phone: ______________
Leave a Message: ________ Yes ________ No
Date of Birth: ______________________ Social Security Number: ________________________
Marital Status: _____________ Email Address: _______________________________________

- I do not have email

Insurance Information
Primary Insurance: _______________________________ Phone Number: _________________
Insurance Address: _________________________ City: __________ State: _____ Zip: ________
Subscriber Name: _________________________ Date of Birth: __________________________
Policy Number: ________________________ Group Number: ___________________________

Secondary Insurance: _____________________________ Phone Number: _________________
Insurance Address: __________________________ City: __________ State: _____ Zip: _______
Subscriber Name: __________________________ Date of Birth: _________________________
Policy Number: __________________________ Group Number: _________________________

Pharmacy Information
Pharmacy Name: ____________________________ Phone Number: ______________________

Circle of Care Providers

Primary Care Physician
Name: _____________________________
Phone Number: ______________________

Ophthalmologist (Eye)
Name: ______________________________
Phone Number: ______________________

Cardiologist (Heart)
Name: ______________________________
Phone Number: _______________________

Podiatrist (Foot)
Name: ____________________________
Phone Number: _____________________

Nephrologist (Kidney)
Name: ____________________________
Phone Number: _____________________

Other
Name: ____________________________
Phone Number: _____________________

____
Patient/Guardian Signature Date

Signing this form gives permission to DEWC to share information with your Circle of Care Providers