Date_____ **PLEASE FILL OUT COMPLETELY**

Panhandle Obstetrics & Gynecology
Patient Information Sheet

Last Name _____ First Name _____ MI _____ Preferred Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Primary Phone (home or cell?) _____ Alternate Phone (home or cell?) _____ Date of Birth _____

Driver's License _____ Social Security Number _____

Patient's email address: _____

Marital Status:
- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Widowed

Primary Language:
- ☐ English
- ☐ Spanish
- ☐ Other
- ☐ Declined

Race:
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Not Hawaiian/Pacific Islander
- ☐ White
- ☐ Other

Ethnicity:
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Declined

EMERGENCY CONTACT

Last Name _____ First Name _____ Relationship to Patient _____

Primary Phone _____ Alternate Phone _____

PATIENT'S EMPLOYER

Company:_____ Address_____ Phone_____

PRIMARY INSURANCE

Company _____ ID/Member Number _____ Group Number _____

Name of Policy Holder _____ SSN of Policy Holder _____

DOB of Policy Holder _____ Relationship to Policy Holder _____ Address of Policy Holder _____

Employer of Policy Holder _____ Employer's Address/Phone _____

Appointment With: ☐ Barnett ☐ Bergeron ☐ Freeman ☐ Hopkins ☐ May ☐ Payne

PHARMACY: Name and Address

Primary Care/Referring Physician

SECONDARY INSURANCE

Company	ID/Member Number	Group Number
Name of Policy Holder	SSN of Policy Holder	
DOB of Policy Holder	Relationship to Patient	Address of Policy Holder
Employer of Policy Holder	Employer's Address/Phone	

Medical information may also be released to:

Name	Relationship
Name	Relationship

ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES
You May Refuse to Sign This Acknowledgement

I, _____, have reviewed a copy of this office's Notice of Privacy Practices.

Please Print Name _____

Signature _____ Date: _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of review of Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communication barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please specify)