

PATIENT INFORMATION SHEET

Date _____ Social Security # _____

Last Name _____ First Name _____

Middle Initial _____ Date of Birth _____

Address _____ Home phone () _____

_____ Cell phone () _____

City, State, Zip _____ Other phone () _____

Gender: Female Male

Marital status: Married Single Other

College: NSU FAU BCC Other _____

College Program: _____

May we leave lab results on your home voicemail / answering machine? Yes No

May we leave lab results on your cell phone voicemail? Yes No

Emergency contact name _____

Relationship to you _____

Emergency contact phone numbers _____

Do you currently have health insurance? Yes No

Name of insurance company _____

Type of insurance plan HMO PPO POS Chickering Other

If you have an HMO, who is your primary care physician? _____

If you are not the insurance subscriber, please provide the following subscriber information:

Subscriber's Name _____

Address _____

Policy # _____ Social Security # _____