



PATIENT GENERAL INFORMATION SHEET

Patient Information

Form fields for Patient Information including Marital Status, Birthdate, Referred By, Last Name, First Name, Middle, SS#, Address, Apt #, City, State, Zip, Home #, Work #, Cell #, Preferred # to Call, Employer Name, Address, City, State, Zip.

Patient Record of Disclosure

Form fields for Patient Record of Disclosure including Home Phone, Work Phone, Cell Phone, Emergency Contact, Written Communication, and Other.

Primary Care Physician: Name, Phone, Address, City, State, Zip Code

Referring Physician: Name, Phone, Address, City, State, Zip Code

Is this appointment work or auto related? If yes, Claim #, Ins. Co., Phone

Primary Insurance

Form fields for Primary Insurance including Name of Insurance, Referral Needed, CoPay, Policy holder's Last Name, First Name, Middle, Date of Birth, SS #, Insurance Contract #, Group #, Phone #, Address, City, State, Zip, Subscriber's Address (if different than patient), City, State, Zip, Phone #.

Secondary Insurance

Form fields for Secondary Insurance including Name of Insurance, Referral Needed, CoPay, Policy holder's Last Name, First Name, Middle, Date of Birth, SS #, Insurance Contract #, Group #, Phone #, Address, City, State, Zip, Subscriber's Address (if different than patient), City, State, Zip, Phone #.

Authorization and Release

I certify that I have read and understood the above information to the best of my knowledge. I authorize the release of all medical records to health professionals and my insurance company. I acknowledge full financial responsibility for services rendered by Raymond T. Hajjar, D.O. I agree to pay all reasonable attorney fees and collection costs in the event of default of payment of my charges. I authorize and request that insurance payments be made directly to Raymond T. Hajjar, D.O. I have read and fully understand the above consent for treatment and financial responsibility, release of medical information and insurance authorization.

Patient's Name, Guardian's Name (if minor), Date