

# Urologic Patient Information Form

## Patient Information

Med Rec # \_\_\_\_\_

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_

Physical Address (if different from mailing) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Sex: M / F Marital Status: S / M / D / W

Employer \_\_\_\_\_ City \_\_\_\_\_

Spouse \_\_\_\_\_ Spouse Soc Sec # \_\_\_\_\_

If a physician or other medical provider referred you, who referred you \_\_\_\_\_

Race (circle one): American Indian or Alaskan Native / Asian / Black or African American /  
Native Hawaiian or other Pacific Islander / White

Ethnicity (circle one): Hispanic / Non Hispanic

Preferred Language (circle one if preferred): English / Spanish / Other \_\_\_\_\_

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

Preferred Method of contact (circle one): Phone – Home or Cell / Mail / Email

Preferred Pharmacy/Location \_\_\_\_\_

## Parent or other Responsible Party if other than patient

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Sex: M / F Marital Status: S / M / D / W

Employer \_\_\_\_\_ City \_\_\_\_\_

## Insured Information if Insured is Not Patient nor Responsible Party

Insured's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Insured's Social Security # \_\_\_\_\_

Insured's Phone Number \_\_\_\_\_ Employer \_\_\_\_\_

## Notice of Privacy Practices

I acknowledge I have been offered a copy of Urologic's Notice of Privacy Practices:

Signature \_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_ Phone number(s) \_\_\_\_\_

## Telephone Consent

I understand the Clinic or its agents may use prerecorded/artificial voice messages and/or auto dialing devices to remind me about appointments or notify be of other information and I expressly consent to the Clinic or its agents use of any number associated with my account, including wireless numbers, including contact done by prerecorded/artificial voice messages and/or automatic dialing devices, for the purposes of collecting on my account.

Signature \_\_\_\_\_ Date \_\_\_\_\_