Urologic Patient Information Form

Legal Name	Patient Information		Med Rec #		
Mailing Address Physical Address (if different from mailing) Home Phone Cell Phone Sex: M / F Marital Status: S / M / D / W	Legal Name				
Physical Address (if different from mailing) Home Phone	(Last)	(First)	(Middle)		
Home Phone	Mailing Address				
Social Security # Sex: M / F	Physical Address (if different fro	om mailing)			
Employer	Home Phone	Cell Phone		Work Phone	
Spouse S	Social Security #	Sex: M / F	Marital Status	: S / M / D / W	
If a physician or other medical provider referred you, who referred you	Employer		Cit	:y	
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	Spouse		Spouse Soc Sec #		
Native Hawaiian or other Pacific Islander / White Ethnicity (circle one): Hispanic / Non Hispanic / Preferred Language (circle one if preferred): English / Spanish / Other	If a physician or other medical p	provider referred you, who ref	ferred you		
Preferred Method of contact (circle one): Phone – Home or Cell / Mail / Email Preferred Pharmacy/Location	Native Hawai Ethnicity (circle one): Hispanic	ian or other Pacific Islander / / Non Hispanic	White		
Parent or other Responsible Party if other than patient Legal Name					
Legal Name					
Mailing Address Home Phone Cell Phone Work Phone Sex: M / F Marital Status: S / M / D / W Employer City Date of Birth Insured Information if Insured is Not Patient nor Responsible Party Insured's Name Date of Birth Date of Birth Insured's Phone Number Employer Employer Notice of Privacy Practices Iacknowledge have been offered a copy of Urologic's Notice of Privacy Practices: Signature Phone number(s) 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	Parent or other Responsible Par	ty if other than patient			
Call Phone Cell Phone Work Phone Social Security # Sex: M / F Marital Status: S / M / D / W	Legal Name	· · · · · · · · · · · · · · · · · · ·		Date of Birth	
Home Phone Cell Phone Work Phone Social Security # Sex: M / F Marital Status: S / M / D / W Employer City City					
Home Phone Cell Phone Work Phone Social Security # Sex: M / F Marital Status: S / M / D / W Employer City	Mailing Address	, ,	, ,		
Social Security # Sex: M / F Marital Status: S / M / D / W Employer City City				Work Phone	
Employer City City					
Insured's Name					
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 remine 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	Insured's Name Insured's Social Security #		Date		
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 remine 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	Notice of Privacy Practices				
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 remine 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	I acknowledge I have been offer	· · ·	-		
Telephone Consent I understand the Clinic or its agents may use prerecorded/artificial voice messages and/or auto dialing devices to remine 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	Emergency Contact Information	Ĺ			
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	Name	Phone nu	ımber(s)		
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	Telephone Consent				
	I understand the Clinic or its age me about appointments or noti number associated with my acc	fy be of other information and ount, including wireless numb	d I expressly cons pers, including co	sent to the Clinic or its agents use of any ontact done by prerecorded/artificial voice	
Signature Date	Signature		Date		