

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 _____ Employer Address: _____

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 _____