Section I: **Patient Information**

Name: ______________________________ Referring provider: ____________________

Address: ______________________________ City: ____________ State: ________ Zip: ____________

Phone (______) ______________ Work Phone (_____) ______________ Cell Phone (______) ______________

The best time to contact me is: ______________ ☐ A.M. ☐ P.M. Are you: ☐ Employed ☐ Retired
Preferred form of contact: ☐ Home phone ☐ Work phone ☐ Cell phone ☐ E-Mail

Date of Birth: ____/____/________ Email Address: ______________________________

Check Appropriate Box: ☐ Minor ☐ Single ☐ Married ☐ Widowed ☐ Domestic Partner ☐ Divorced

If Student, Name of School: ______________________ City/State: ______________________ ☐ FT ☐ PT

Spouse or Parent's Name: ______________________________ Phone (___) ______________

Whom may we thank for referring you? ______________________________

Person to contact in case of emergency______________________________ Phone (____) ______________

Primary Language: ☐ English ☐ Spanish ☐ Other ____________
Race/ Ethnicity: ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Other

____
Name of Primary Care Provider (Doctor)

Section II **Responsible Party/ Guarantor**

Relationship to Patient: ☐ Self ☐ Spouse ☐ Parent ☐ Other

Name: ______________________________ Relationship to Patient: ______________

Address: ______________________________

City: ______________________ State: ________ Zip: ____________ Phone: (____) ______________

Employer: ______________________ Work Phone (____) ______________

Section III **Insurance Information**

Name of Insurance Carrier: ______________________ ID# ______________________ Group# ________

I authorize the release of any medical information necessary to process this claim to my insurance company, and request payment of benefits to DR. GRABOWSKI, PC.
I acknowledge that I am financially responsible for payment whether or not covered by my insurance.

PATIENT: ______________________ ______________________________ ____/___/________
Signature Please Print Date

GUARANTOR: ______________________ ______________________________ ____/___/________
Signature Please Print Date