

NICKNAME or NAME YOU PREFER \_\_\_\_\_

PATIENT \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ Drivers License # STATE/EXP \_\_\_\_\_

HOME PHONE # (\_\_\_\_) \_\_\_\_\_ WORK PHONE # (\_\_\_\_) \_\_\_\_\_ CELL PHONE # (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NO. STREET APT. NO. CITY STATE ZIP

E-MAIL ADDRESS \_\_\_\_\_

MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ SINGLE \_\_\_\_\_ WIDOW \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

PATIENT'S EMPLOYER \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_ SPOUSE'S SOCIAL SECURITY # \_\_\_\_\_

SPOUSE'S WORK PHONE # (\_\_\_\_) \_\_\_\_\_ CELL PHONE # (\_\_\_\_) \_\_\_\_\_ Drivers License # STATE/EXP \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

REFERRED TO THIS OFFICE BY \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

PREFERRED PHARMACY \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

OTHER MD'S \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

APPOINTMENT PREFERENCES DAY OF THE WEEK \_\_\_\_\_ TIME OF DAY \_\_\_\_\_

**NOTICE!** *Patient is responsible for all office fees at time services are rendered.*  
 All insurance information must be provided when appointment is made or your appointment will be rescheduled.

OFFICE USE ONLY

## CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

I hereby permit Kathryn White, MD to release and furnish all medical and financial data related to my care that may be necessary now or in the future for purposes of treatment, payment or healthcare operations to assist with, aid in, or facilitate the collection of data for purposes of utilization review, quality assurance, or medical outcomes evaluation purposes. Such information may be released to insurance companies, HMO's and PPO's, managed care organizations, IPA's, Medicare/Medicaid, or other governmental or third party payors, or any organizations contracting with any of the above entities to perform such functions.

Patient Signature \_\_\_\_\_ Date Signed \_\_\_\_\_