DEBORAH BERNSTEIN, MD

CONFIDENTIAL PATIENT INFORMATION

(Please Print)

Today's date:	Primary Care Physician:

PATIENT INFORMATION

Patient's last name:	First:	Middle:	Marital status (circle one) Single / Mar / Div / Sep / Wid

Birth date:	Age:	Sex:	Home phone: ❑	Cell phone: ❑	Work phone: ❑	Place √ next to main phone

Street address:	**Social Security number:**	Payment will be by: ❑ Cash ❑Check ❑ Insurance

City:	State:	ZIP Code:	E-mail:

Occupation:	Employer Name and Address:	Employer phone no.: ( )

Referred to this office by: ❑ Internet search ❑ Dr. _____ ❑ Insurance ❑ Hospital

❑ Family ❑ Friend ❑ Close to home/work ❑ Yellow Pages ❑ Other

INSURANCE INFORMATION

Name of Insured:	Birth date:	Address (if different):	**Social Security Number:**

Occupation:	Employer:	Employer address:	Employer phone number: ( )

Name of primary insurance:	Insurance ID Number:	Group Number	Co-payment (specialist): $

Patient's relationship to subscriber: ❑ Self ❑ Spouse ❑ Child ❑ Other

Name of secondary insurance (if applicable):	Subscriber's name:	ID Number:	Group number:

Patient's relationship to subscriber: ❑ Self ❑ Spouse ❑ Child ❑ Other

Medicare patients: Be sure to contact Medicare to give them your supplemental insurance information.

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: ( )	Work phone no.: ( )

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Deborah Bernstein, MD or insurance company to release any information required to process my claims.

Patient/Guardian signature *Date*

SYMPTOMS

Please describe why you are here (present major complaints):

_____

How long have the symptoms persisted? ❑ Hour(s) ❑ Day(s) ❑ Week(s) ❑ Month(s) ❑ Year(s)

Symptoms are ❑ Constant ❑ Intermittent ❑ Frequent

Please use the back for any additional comments. Also, please indicate preferred days and times if you would like to be placed on the waiting list.