

HOUSTON METRO UROLOGY DEMOGRAPHIC FORM

(Please Print)

Today's Date:	Primary Care Physician:
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PATIENT INFORMATION

Patient's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status:	
				Single <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid <input type="checkbox"/>			
Referred by:	Doctor seeing today	Maiden Name:		Birth date:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:			City:	State:		Zip:	
Social Security #:			Home Phone:		Cell Phone:		
E-Mail address:		Occupation:		Employer:		Employer phone :	
Spouse's name:		First:		Middle:		Spouse's Employer	
Spouses Work phone:		Home phone :			Spouses Cell phone:		

INSURANCE INFORMATION

(please give your insurance card to the receptionist)

Primary Insurance:		Name of Insured:		DOB:	
Insured Social Security #:		Group or Plan #		Policy #	
Insurance Co. Address for mailing:					
Secondary Insurance:		Name of Insured:		DOB:	
Insured Social Security #:		Group or Plan #		Policy #	
Insurance Co. Address for mailing:					

RESPONSIBLE PARTY (IF PATIENT IS NOT THE RESPONSIBLE PARTY)

Person responsible for bill:	Birth date:	Address (if different):	Home phone no:
Work phone:		Cell phone:	

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone :	Work phone :
Cell Phone:			

The above information is true to the best of my knowledge.

Patient/Guardian signature

Date

I. Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis:

II. Please list the family members or significant others, if any, whom we may inform about your medical condition ONLY IN AN EMERGENCY:

III. Please list the family members or significant others, if any, whom we may inform about your FINANCIAL INFORMATION ONLY:

IV. Please print the address of where you would like your billing statements and/or correspondence from our office to be sent if other than you home:

V. Can confidential messages (ie. Appointment reminders) be left on your home answering machine or voicemail?

YES _____ NO _____

VI. If you do not have voicemail, can a confidential message be left at your place of employment?

YES _____ NO _____

VII. Can confidential messages (i.e. Appointment reminders) be sent via e-mail?

YES _____ NO _____

PATIENT NAME _____ (guardian if under 18 years)

PATIENT/GUARDIAN SIGNATURE

DATE