



201 Montauk Highway · Suite 4  
West Hampton Beach, NY 11978  
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Vergennes, VT 05491  
802-870-7170

# PATIENT INFORMATION FORM

Today's Date: \_\_\_\_\_

## PLEASE PRINT AND COMPLETE ALL ENTRIES

Patient Name (Last, First, MI)	Date of Birth	Sex	Marital Status
Address	City	State	Zip

## PLEASE CHECK THE BEST FORM OF CONTACT:

<input type="checkbox"/> Email Address:	<input type="checkbox"/> Home Phone:	<input type="checkbox"/> Cell Phone:
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## EMERGENCY CONTACT:

Name:	Relationship to You:	Contact's Phone:
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## PRIMARY CARE PHYSICIAN:

Name:	PCP Phone:	Referred By:
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## INSURANCE INFORMATION

Primary Insurance Name	ID #	Group #
Name of Insured	Relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <i>If relationship is other than self, please complete the section below</i>	
Dependent's Date of Birth	Dependent's Address	

Secondary Insurance Name	ID #	Group #
Name of Insured	Relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <i>If relationship is other than self, please complete the section below</i>	
Dependent's Date of Birth	Dependent's Address	