NEW PATIENT PAPERWORK

Patient Name _____ Birthdate _____

Gender   M   F   Ethnicity/Race _____   How Did You Hear About Us? _____

Parent Name _____ DOB _____ BIO STEP GUARDIAN

Parent Name _____ DOB _____ BIO STEP GUARDIAN

Physical Address: _____

Mailing Address:_____

Email Address: _____ Patient lives with:_____

Phone Number(s) in order of preference:

_____Mother/Father _____Mother/Father

Preferred Contact Method for Recalls: Mail   Phone

Emergency Contact _____ Phone _____

Insurance Company/Guarantor/Address/Phone_____

_____

Group # _____   ID # _____

Allergies & Reaction _____

Medications _____ Pharmacy/City _____

Previous Primary Care Provider & Phone Number _____

Past Medical History _____

_____

Surgeries _____

Family Medical History (including relation) _____

_____

Permission to treat patient if brought in by:

Name & Relationship _____

Parent/Guardian Signature _____ Date _____