



Henry County Family Physicians, Inc.

Patient Information

Date _____

Patient Name _____ SS# _____
Last First MI

Address _____ Marital Status _____
Street or PO Box City State Zip Code

Home Phone _____ Date of Birth _____ Sex M ___ F ___

Preferred Language _____ Race: White Asian African American Hispanic Other

Cell Phone _____ Can you receive text messages? Yes No

E-Mail Address: _____ Ok to Leave Message — Home Cell Work

Ethnicity: Hispanic Non-Hispanic Other Do you have a Durable Power of Attorney/Living Will _____

How would you like reminded of appts? Phone Call Web Message Text Message

Employer _____ Employer Phone _____

Employer Address _____
Street City State Zip Code

Person to Contact in Case of Emergency: Name _____

Relationship _____ Phone _____

HIPAA Contact: Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Primary Care Physician: Dr. Bidwell Dr. Fritz Dr. Knipe Dr. McMaster

Pharmacies:	Retail Pharmacy	Mail In Pharmacy
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Phone No.: _____	Phone No.: _____	Phone No.: _____
Fax No.: _____	Fax No.: _____	Fax No.: _____

PLEASE READ: All charges are due at the time of services unless other arrangements have been made in advance with our office insurance clerk. Insurance forms will be completed by our office as a service to the patient. However, the patient is responsible for all fees, regardless of insurance coverage.

Primary Insurance _____
 Policy Holder _____
 SS# _____ Birthdate _____
 Thru What Employer? _____
 Employer Address _____

Household Members	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Secondary Insurance _____
 Policy Holder _____
 SS# _____ Birthdate _____
 Thru What Employer? _____
 Employer Address _____

Religious Affiliation (optional) _____

Are you being seen today for a work related injury or illness? Yes _____ No _____

Patient Signature _____ Date _____
Parent or Guardian if Minor