



## Patient information form

### Patient information

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Any restrictions for contacting you?  Yes  No Email \_\_\_\_\_

Contact Restrictions: \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ SS# \_\_\_\_\_ Gender  Female  Male

Marital Status  Single  Married to: \_\_\_\_\_ Other: \_\_\_\_\_

How did you hear about Dr. Sterry? (Please Mark all that apply)

Liposuction.com  ObesityHelp.com  Dr. Sterry.com  Magazine  Newsletter  Seminar  Salon

Friend/Relative: \_\_\_\_\_  Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

If you were referred by a specific person, may we thank them?  Yes  No

### Employment information

Patient's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_ Is it okay to call you at work?  Yes  No

Address \_\_\_\_\_  
Street & Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Emergency contact information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

### Insurance coverage information (primary)

Insurance Company \_\_\_\_\_

Policy \_\_\_\_\_ Group no. \_\_\_\_\_ Ins. Phone \_\_\_\_\_

Referral required?  Yes  No Copay?  Yes  No Amount \$ \_\_\_\_\_

Insured name \_\_\_\_\_ DOB \_\_\_\_\_ Employer \_\_\_\_\_

### Insurance coverage information (secondary)

Insurance Company \_\_\_\_\_

Policy \_\_\_\_\_ Group no. \_\_\_\_\_ Ins. Phone \_\_\_\_\_

Referral required?  Yes  No Copay?  Yes  No Amount \$ \_\_\_\_\_

Insured name \_\_\_\_\_ DOB \_\_\_\_\_ Employer \_\_\_\_\_

### Acknowledgement

Name of Patient: \_\_\_\_\_

Email address: \_\_\_\_\_

I understand that office visit charges are payable on the day service is rendered. I authorize the office of Dr. Sterry to bill my insurance company for medically necessary services. Regardless of insurance coverage, I am responsible for all bills being paid in a timely manner. I understand that my contract is between Dr. Sterry and myself.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_