



PATIENT'S FULL NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

PHARMACY \_\_\_\_\_ PHARMACY LOCATION \_\_\_\_\_

SEX ( ) Male ( ) Female MARITAL STATUS ( ) Single ( ) Married ( ) Divorced ( ) Widow

RACE ( ) American Indian/Alaskan Native ( ) Asian ( ) Black/African American ( ) Pacific Islander ( ) White Other: \_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_ FAMILY PHYSICIAN: \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Policy Holder \_\_\_\_\_

Member ID/Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Date-of-Birth \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Policy Holder \_\_\_\_\_

Member ID/Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Date-of-Birth \_\_\_\_\_

Tertiary Insurance \_\_\_\_\_ Policy Holder \_\_\_\_\_

Member ID/Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Date-of-Birth \_\_\_\_\_

EMERGENCY CONTACT AND PERSON(S) WE MAY RELEASE INFORMATION TO:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I authorize **Montgomery Vascular Surgery, P.C.** to release all medial records and pertinent medical information to any insurer, governmental agencies providing benefits, or to anyone liable for charges, I also authorize release of said information to my referring physician and to other medical providers who are or may become involved in my treatment.

PRIOR CONSENT TO CONTACT BY PHONE/CELL PHONE

I, the undersigned, give Montgomery Vascular Surgery, its employees and/or agents consent to contact me by telephone at any number associated with my account, including wireless telephone numbers, which could result in charges to me, for the purpose of treatment, insurance and/or payment. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable. I authorize messages to be left on my answering machine and/or voicemail.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

VERIFY: \_\_\_\_\_ DATE \_\_\_\_\_

VERIFY: \_\_\_\_\_ DATE \_\_\_\_\_

VERIFY: \_\_\_\_\_ DATE \_\_\_\_\_