REITER, HILL & JOHNSON OF ADVANTIA

How did you hear about us?
(Please Circle)

Google Facebook Yelp Referral Other: _____

Patient ID: _____

Patient Information

First Name:	M.I.:	Last Name:	
Email address:		Date of Birth: ___/___/___ Age:	
Address:	Apt. #	Marital Status: ○S ○M ○D ○W	
City:			
State:	Zip:		
Phone(h):	Phone(c):	Phone(w):	Ext:

Employer:	Occupation:
Work Address:	SSN:

Race	Ethnicity	Preferred Language
○ American Indian/ Alaska Native ○ Asian ○ Black/African American ○ Native Hawaiian/Pacific Islander ○ White ○ Decline to answer	○ Hispanic/Latino ○ Not Hispanic/Latino ○ Decline to answer	○English ○Spanish ○Other (please specify):_____

Emergency Contact

Name: Phone Number:

Pharmacy Information	Preferred Method of Contact
Preferred Pharmacy Name: Pharmacy Zip: Pharmacy Phone:	Phone ○Home ○Cell ○Work

Referring Physician: Referring Physician Phone Number:

Primary Insurance

Insurance Company Name:	Policy Number:	Group Number:
Insurance Company Address:		Date Effective:
Subscriber's Name:	Relationship to Patient (If Self, leave this section blank) :	
Subscriber's Address:	Subscriber's SSN:	
Subscriber's DOB:	Sex: ○M ○F	

Secondary Insurance

Insurance Company Name:	Policy Number:	Group Number:
Insurance Company Address:		Date Effective:
Subscriber's Name:	Relationship to Patient (If Self, leave this section blank) :	
Subscriber's Address:	Subscriber's SSN:	
Subscriber's DOB:	Sex: ○M ○F	

Authorization Acknowledgement

I hereby confirm that all the information provided by me is accurate.	Signature (Patient or Parent if minor)	DATE