

**TRIHEALTH PHYSICIAN PRACTICES**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Circle Sex *M* *F* Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

Marital Status: *Single* \_\_\_ *Married* \_\_\_ *Divorced* \_\_\_ *Widowed* \_\_\_ Spouse's Name: \_\_\_\_\_

Patient's Employer: \_\_\_\_\_

Employment Status: *Full time* \_\_\_ *Part time* \_\_\_ *Not employed* \_\_\_ *Self-employed* \_\_\_ *Retired* \_\_\_ *Active Duty* \_\_\_

Student Status: *Full time* \_\_\_ *Part time* \_\_\_ *Not a student* \_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

How did you learn about us? \_\_\_\_\_

**Primary Insurance Company:** \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_ Circle Sex *M* *F*  
Last First M.I.

Birth Date of Policyholder: \_\_\_\_\_ Social Security # of Policyholder: \_\_\_\_\_

Policyholder's Relation to Patient: \_\_\_\_\_ (i.e. self, spouse, child)

Policyholder's Employer: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Policyholder's ID #: \_\_\_\_\_ Patient's ID #: \_\_\_\_\_

**Secondary Insurance Company:** \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_ Circle Sex *M* *F*  
Last First M.I.

Birth Date of Policyholder: \_\_\_\_\_ Social Security # of Policyholder: \_\_\_\_\_

Policyholder's Relation to Patient: \_\_\_\_\_ (i.e. self, spouse, child)

Policyholder's Employer: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Policyholder's ID #: \_\_\_\_\_ Patient's ID #: \_\_\_\_\_

If Medicare is secondary Circle reason: *working* *spouse has ins* *veteran* *disabled* *other:* \_\_\_\_\_

**If Patient is a Minor (Under age 18):**

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ SSN \_\_\_\_\_

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ SSN \_\_\_\_\_