

CHART #: _____

PATIENT INFORMATION

PATIENT NAME: _____

LAST

FIRST

MIDDLE

ADDRESS: _____

ZIP CODE: _____

CITY: _____

STATE: _____

HOME PHONE #: (____) _____ - _____

WORK PHONE #: (____) _____ - _____

CELL PHONE #: (____) _____ - _____

FOR PRIVATE USE ONLY, SPECIALS,
NEWSLETTERS, CONFIRMATIONS

EMAIL ADDRESS: _____

DATE OF BIRTH: ____/____/____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

SEX: (circle one) FEMALE MALE

MARITAL STATUS: (circle one)

SINGLE

MARRIED

DIVORCED

WIDOWED

OTHER

PATIENT RELATIONSHIP TO THE RESPONSIBLE PARTY: (circle one)

SELF

SPOUSE

CHILD

OTHER

PRIMARY CARE PHYSICIAN: _____

DR. REFERRAL: _____

PATIENT'S EMPLOYER INFORMATION:

COMPANY: _____

OCCUPATION: _____

PHONE #: _____

CITY: _____

EMERGENCY CONTACT: NAME: _____

PHONE: _____

HOW DID YOU HEAR ABOUT DR. RHOAD? Google/Yahoo Aesthetics Care Credit Magazine

Rhoad to Beauty Website Patient/Friend

Groupon, etc.

Other

RESPONSIBLE (OR INSURED) PARTY INFORMATION

RESP. PARTY NAME: _____

LAST

FIRST

MIDDLE

ADDRESS: _____

DATE OF BIRTH: ____/____/____

SEX: (circle one)

FEMALE

MALE

HOME PHONE #: (____) _____ - _____

WORK PHONE #: (____) _____ - _____

CELL PHONE #: (____) _____ - _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

RESPONSIBLE PARTY'S EMPLOYER INFORMATION:

COMPANY: _____

CITY: _____

PHONE #: _____

INSURANCE INFORMATION – Not needed for Cosmetic Procedures

PRIMARY INSURANCE COMPANY: _____

ADDRESS: _____

PHONE: _____

CONTRACT (ID#) NUMBER: _____

SUBSCRIBER'S NAME: _____

PATIENT RELATIONSHIP TO SUBSCRIBER: (circle one)

SELF

SPOUSE

CHILD

OTHER

GROUP NAME: _____

GROUP NUMBER: _____

COPAYMENT AMOUNT: \$ _____

INSURED'S DATE OF BIRTH: ____/____/____

SECONDARY ISURANCE COMPANY: _____

ADDRESS: _____

PHONE: _____

CONTRACT (ID#) NUMBER: _____

SUBSCRIBER'S NAME: _____

PATIENT RELATIONSHIP TO SUBSCRIBER: (circle one)

SELF

SPOUSE

CHILD

OTHER

GROUP NAME: _____

GROUP NUMBER: _____

COPAYMENT AMT: \$ _____

INSURED'S DATE OF BIRTH: ____/____/____

All information provided above is true to the best of my knowledge.

Patient Signature

Today's Date