



PATIENT DEMOGRAPHIC INFORMATION
PLEASE PRINT ALL INFORMATION

Patient Name _____ Seeing Dr./PA _____

Social Security #: _____ - _____ - _____ Date of Birth: ____ - ____ - ____

Address: _____

City and Zip Code: _____ Home Phone#: _____ - _____ - _____

Work Phone#: _____ - _____ - _____ Cell Phone#: _____ - _____ - _____

E-mail Address: _____ (Email is used for our patient portal (appointment reminders, ask the doc, etc.,) ask Doctor or Medical Assistant on details and how to sign up)

Race :(Please Check) White: _____ Black/African American: _____ Hispanic/Latino: _____ Asian: _____ American Indian: _____ Native Hawaiian or Pacific: _____ Other Race: _____

*If guarantor/subscriber of insurance is someone other than the patient:

Guarantor Name: _____

Guarantor Date of Birth: ____ - ____ - _____

Guarantor Social Security #: _____ - _____ - _____

Guarantor Address and Phone (if different than patient): _____

**If this is the result of a Workers Compensation Injury:

Employer Name: _____

Employer Address: _____

Contact Person and Telephone #: _____

Date of Injury: ____ - ____ - _____ Claim #: _____

ELECTRONIC PRESCRIPTIONS: Our electronic medical record program accesses your prescription/medication history in order for us to safely prescribe your medication. By signing this, you authorize us to do so.

IMMUNIZATIONS: Our electronic medical record program allows for your immunization data to be sent directly to the I-CARE State of Illinois Registry. I-CARE allows your providers to obtain your immunization history to ensure your safety. By signing this, you authorize us to submit this data.

AUTHORIZATION TO TREAT:

I hereby authorize and consent to treatment/care rendered to me by the attending physician at C&R Medical Group

I hereby authorize my insurance benefits to be paid directly to the above provider, realizing I am responsible to any non-covered services and

- I have been informed of the C&R Medical Group Privacy Statement and HIPPA Privacy Laws

Patient Signature: _____ Date: _____

