

## Tallahassee Gastro Health Center

4012 Kelcey Ct, Suite 103, Tallahassee, FL 32308. P:850-297-0351. F: 850-297-0352

### Patient Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(As listed on insurance card)

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Pharmacy Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

### Insurance information

Primary Insurance	Secondary Insurance
Insurance Name:	Insurance Name:
Member ID/ number:	Member ID/ number:
Subscriber Name:	Subscriber Name:
Relationship to patient:	Relationship to patient:

Primary Care Physician: \_\_\_\_\_ Referring Doctor: \_\_\_\_\_

Other Health Care Providers:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### INFORMATION RELEASE

Emergency Contact Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Can we discuss your health information with the above-named person? Yes No

You can discuss my health information with the following individuals as well:

1. \_\_\_\_\_ Phone No \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

2. \_\_\_\_\_ Phone No \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

3. \_\_\_\_\_ Phone No \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_