



Confidential

**Institute For Women's Health**

Dr.

Acct:	SSN:	Phone: ( )	Cell: ( )
Last Name:		Date of Birth: / /	Age:
First Name:		Patient Employer:	
Address 1:		Occupation:	
Address 2:		Phone #: ( )	
City:		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
State:	Zip:	Country:	
Spouse:		Drivers License / ID#:	
PCP:		Religion:	
Last Name		First Name	
Phone #: ( )		Email:	

<b>Primary Insurance:</b>		<b>Secondary Insurance:</b>	
ID #:	Group #:	ID #:	Group #:
Policy Holder:		Policy Holder:	
Relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child		Relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Social Security #:	DOB:	Social Security #:	DOB:
Employer Name:		Employer Name:	
Employer Telephone: ( )		Employer Telephone: ( )	

**IN CASE OF AN EMERGENCY CONTACT:** (Two relatives not living with you, or friend in area).

Name:	Name:
Address:	Address:
Phone: ( )	Relation:
Phone: ( )	Relation:

**PHARMACY INFORMATION:**

Name:	Phone: ( )
Address:	E-Mail
Fax: ( )	

**How did you hear about the Institute For Women's Health?**

Family  Friend  Co-worker  Insurance  Radio  Internet  HealthFair

TV  Phonebook  Primary Care Physician  Physician  Other

Doctor or person who Referred you: \_\_\_\_\_ May we thank this person? Yes  No

**AGREEMENTS OF BENEFITS:**

I HEREBY ASSIGN ALL MEDICAL AND/OR SURGICAL BENEFITS, TO INCLUDE MAJOR MEDICAL BENEFITS TO WHICH I AM ENTITLED, INCLUDING MEDICARE, PRIVATE INSURANCE AND ANY OTHER HEALTH PLANS, TO INSTITUTE FOR WOMEN'S HEALTH. I UNDERSTAND THAT I AM RESPONSIBLE FOR SCHEDULING WITH A PARTICIPATING PHYSICIAN AND TO FOLLOW UP ON ANY DISCREPANCY IN COVERAGE WITH MY INSURANCE PLAN. I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT PAID BY MY INSURANCE. I HEREBY AUTHORIZE INSTITUTE FOR WOMEN'S HEALTH TO RELEASE ALL INFORMATION NECESSARY TO SECURE PAYMENT.

Signed: \_\_\_\_\_

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