

Steven M. Kern, MD

PATIENT INFORMATION

1. Patient Name: (last) _____ (first) _____ (M.I.) _____
2. Spouse's Name (if applicable): _____
3. Address: _____ City: _____
4. State: _____ Zip Code _____ EMAIL Address: _____
5. Home phone: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____
6. Date of Birth: ____/____/____ Social Security# _____ - _____ - _____
7. Patient Sex (circle): Female Male Marital Status (circle): S M D W Other _____
8. Patient Relationship to Responsible Party (circle): Self Spouse Child Other _____
9. Nearest relative (not living with you) _____ Phone: (____) _____ - _____
10. Primary Care Physician: _____ Referred by: _____
11. Patient's Employer Name: _____ Phone: (____) _____ - _____
12. Address: _____ City: _____ State: ____ Zip: _____
13. Accident Information (if applicable): Date: ____/____/____ Work Related? _____ Auto? _____ Other? _____

RESPONSIBLE (OR INSURED) PARTY INFORMATION

14. Name of Responsible Party: _____
Last First Middle
15. Address: _____ City: _____
16. State: _____ Zip Code: _____ Date of Birth: ____/____/____ Sex (circle): Female Male
17. Home Phone: (____) _____ - _____ Work: (____) _____ - _____ SSN: _____ - ____ - _____
18. Responsible Party's Employer: _____ Phone: (____) _____ - _____
19. Address: _____ City: _____ State: ____ Zip: _____

INSURANCE INFORMATION

20. Primary Insurance Company: _____ Phone: (____) _____ - _____
21. Address: _____ City: _____ State: ____ Zip: _____
22. Contract (ID) Number: _____ Subscriber's Name: _____
23. Patient Relationship to Subscriber (circle): Self Spouse Child Other Insured's Date of Birth: ____/____/____
24. Group Name: _____ Group #: _____ Co-pay amount: \$ _____
25. Secondary Insurance Company: _____ Phone: (____) _____ - _____
26. Address: _____ City: _____ State: ____ Zip: _____
27. Contract (ID) Number: _____ Subscriber's Name: _____
28. Patient Relationship to Subscriber (circle): Self Spouse Child Other Insured's Date of Birth: ____/____/____
29. Group Name: _____ Group #: _____ Co-pay amount: \$ _____