

Martin Medical Center, P.C. Patient Profile

PATIENT INFORMATION:

Name: _____

Address: _____

City, St, Zip: _____

Phone: _____ [] Home [] Work [] Other

Phone: _____ [] Home [] Work [] Other

Phone: _____ [] Home [] Work [] Other

Date of Birth: _____

Sex: [] Male [] Female

Social Security #: _____

Marital Status: [] Married [] Single [] Divorced [] Widow

Referring Physician: _____

Primary Care Physician: _____

Preferred Language: _____

Contact by: _____

PATIENT EMPLOYMENT:

[] Employed [] Retired [] Unemployed [] Other

Phone: _____

Employer: _____

EMERGENCY CONTACT:

Name: _____

Contact Phone: _____

Email Address: _____

{In order to use our on-line Patient Portal we must have your email address on file.}

GUARANTOR:

[] Same as patient

Name: _____

Address: _____

City, St, Zip: _____

EMPLOYMENT:

Employer: _____

Phone: _____

Alt Phone: _____

Social Security #: _____

Date of Birth: _____

PHARMACY:

{It is recommended that you use one (1) Pharmacy for all your prescription needs}

Pharmacy Name: _____

Pharmacy Phone #: _____

LIVING WILL:

{For patients over the age of 18}

Do you have an advanced directive (living Will)?

[] Yes [] No

Would you like a packet about Living Wills?

[] Yes [] No

CONSENT TO TREAT/INSURANCE AUTHORIZATION:

- 1.) I hereby authorize examination and/or treatment by the physicians and/ or Allied Health Professionals at Martin Medical Center, P.C.
- 2.) I authorize the release of any medical information needed to process insurance claims.
- 3.) I authorize Martin Medical Center to act as my agent to help determine and obtain benefits from my insurance company.
- 4.) I understand that I am completely responsible for all charges incurred.
- 5.) Based on current Tennessee law I understand that Martin Medical Center is required to obtain records of my medication history.
- 6.) I acknowledge that I have been given and have read the Notice of Privacy Practices for Martin Medical Center.
- 7.) I do hereby certify that the above information is complete and accurate.

Signature

Date