

S. RADI SHAMSI, M.D.

GASTROENTEROLOGY • DISEASES OF THE LIVER • DIAGNOSTIC AND THERAPEUTIC ENDOSCOPY

PATIENT INFORMATION

PLEASE PRINT ALL INFORMATION

Legal Name _____ Preferred Name _____

Home Address _____ No. _____

City _____ State _____ Zip Code _____

Home No. () _____ Work No. () _____

Cell No. () _____ Fax No. () _____

E-mail: _____ SEX: Male Female

Date of Birth _____ Social Security No. _____ Driver's License No. _____

Employer _____ Occupation _____

Marital Status _____ Spouse's Name _____

PRIMARY Insurance Co. _____ Name of Insured _____

Relationship to Patient _____ Insured's Date of Birth _____

Insured's Soc. Sec. No. _____ Insured's Employer _____

SECONDARY Insurance Co. _____ Insured _____

Relationship to Patient _____ Insured's Date of Birth _____

Insured's Soc. Sec. No. _____ Insured's Employer _____

IS MEDICARE THE PRIMARY COVERAGE? YES NO

EMERGENCY CONTACTS: Please identify three (3) people with whom the physicians or staff can speak to regarding your medical care, i.e., family member, friend, assistant:

Name _____ No. () _____

Name _____ No. () _____

Name _____ No. () _____

Referring Physician: _____

Referring Physician's Phone Number: No. () _____

Please list below physicians you see on a regular or annual basis:

Name _____ No. () _____

I give permission to share my medical information with above physician: YES NO

Name _____ No. () _____

I give permission to share my medical information with above physician: YES NO

Name _____ No. () _____

I give permission to share my medical information with above physician: YES NO

DO WE HAVE YOUR PERMISSION TO LEAVE RESULTS AND/OR A DETAILED MESSAGE ON YOUR HOME ANSWERING MACHINE OR WITH ANYONE WHO ANSWERS YOUR HOME PHONE? YES NO

I HEREBY AUTHORIZE _____, M.D., TO FURNISH INFORMATION TO MY INSURANCE CARRIER AND HEREBY ASSIGN TO THE DOCTOR ALL PAYMENTS FOR MEDICAL SERVICES RENDERED TO MYSELF.

I AUTHORIZE YOU TO GIVE ME A REASONABLE AND PROPER MEDICAL CARE BY TODAY'S STANDARDS

PATIENT'S SIGNATURE _____ **DATE** _____