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## PATIENT CONFIDENTIAL INFORMATION

First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ Same as home address

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

What is the best way to contact you? ☐ By email ☐ Home phone ☐ Work phone ☐ Cell phone

Can messages containing personal health-related information be left on your:

Email? ☐ Yes ☐ No

Home phone? ☐ Yes ☐ No

Work phone? ☐ Yes ☐ No

Cell phone? ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Is it OK to disclose to your spouse your personal health-related information? ☐ Yes ☐ No

Is there anyone else whom you authorize for us to share your personal health related information with?

☐ No ☐ Yes, the following people:

Name \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

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I certify that the information on this Patient Information Form is true and correct to the best of my knowledge. I agree to notify the office of any changes in my personal contact information. I also certify that I am aware I can review the Patient Bill of Rights and Privacy Practices on line at [www.acuprolo.com](http://www.acuprolo.com) and upon my request I can receive a hard copy.

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

\_\_\_\_\_  
Date