

## PATIENT INFORMATION

Welcome to the practice of Dr. Alex Kim. Please provide the following information to help us serve you.

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Please place an "X" in the appropriate box.

Sex:  Male  Female      Marital Status:  Single  Married  Divorced  Widowed

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Work Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

If you have HMO/Managed Care Plan, please provide your primary/referring physician information.

Primary Physician/Referring Physician : \_\_\_\_\_ Phone: \_\_\_\_\_

### REFERRAL

Who should we thank for referring you? \_\_\_\_\_