

Name:  
DOB:  
Chart:  
Age:  
Date:



PATIENT'S NAME (print) \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Sex:  M  F SS# \_\_\_\_\_ Ethnicity:  Hispanic  Non-Hispanic  Unknown

Race:  American Indian  Asian  Black  White  Other Preferred Language: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (if different from street) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

HOME PHONE # ( ) \_\_\_\_\_ CELL # ( ) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK # ( ) \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

PRIMARY CARE DOCTOR'S NAME \_\_\_\_\_ PHONE# ( ) \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK # ( ) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

EMERGENCY CONTACT NAME \_\_\_\_\_

HOME # ( ) \_\_\_\_\_ CELL # ( ) \_\_\_\_\_

**STATEMENT OF FINANCIAL RESPONSIBILITY AND ASSIGNMENT OF BENEFITS** I hereby authorize payment of insurance benefits to be sent to Culicchia Neurological Clinic, L.L.C. on my behalf for services rendered. I have rendered Culicchia Neurological's Financial Statement and understand that I am ultimately responsible for all medical expenses incurred and agree to pay any amounts not covered by my insurance carrier.

**WORKMAN'S COMPENSATION AND LEGAL PATIENTS** I understand that if my visit has been pre-paid by my Workman's Compensation carrier and / or legal firm, my signature below authorizes these monies to be applied to my visit.

**HIPAA REGULATIONS** "I agree that CNC may request and use my prescription medication history from other healthcare providers or third-party pharmacy benefit payors for treatment purposes".

The following signature acknowledges that I have received notification of my privacy rights concerning the use and disclosure of protected health information as defined by the Privacy Regulations.

X \_\_\_\_\_ Date \_\_\_\_\_  
**Patients Signature** (If patient is a minor, signature of parent/guardian is required.)