

Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: (F) (M) Marital Status: (S) (M) (D) (W) (O)

Race: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Ethnicity: \_\_\_ Non Hispanic \_\_\_ Hispanic

Drivers License # \_\_\_\_\_ Religion \_\_\_\_\_

Address: \_\_\_\_\_ Social Security # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Where do you prefer to be called?  Work  Home  Cell

May we leave a message?  Yes  No May we email?  Yes  No

IN CASE OF EMERGENCY:

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

Preferred Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_

Program Interest  Bariatric Surgery  Medical Weight Loss  Weight Loss Medication Management

Primary Care Physician

Physician's First Name: \_\_\_\_\_ Physician's Last Name: \_\_\_\_\_  MD  DO

Physician's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Physicians PHONE/Fax Number: \_\_\_\_\_

Were you referred to us by this doctor?  YES  NO

Did a NOCHS patient refer you here?  YES \_\_\_\_\_  NO \_\_\_\_\_  
(Patient's Name) (Other Referral Source)

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Subscriber DOB: \_\_\_\_\_ Relationship to Insured: \_\_\_\_\_

Subscriber Employer: \_\_\_\_\_ Member ID: \_\_\_\_\_ Group Number: \_\_\_\_\_

Co-Pay: \_\_\_\_\_ Person Responsible for Payment: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Subscriber DOB: \_\_\_\_\_ Relationship to Insured: \_\_\_\_\_

Subscriber Employer: \_\_\_\_\_ Member ID: \_\_\_\_\_ Group Number: \_\_\_\_\_

Co-Pay: \_\_\_\_\_ Person Responsible for Payment: \_\_\_\_\_

It is your responsibility to pay any co-pays, deductibles, co-insurance or any other non-covered services at the time of service for plans with which we participate. As a courtesy to you, we will bill all insurance companies whether or not we participate, however, you will be held responsible for the charges.