101 Tower Road Suite 300 ~ Dakota Dunes, SD 57049 5500 Sergeant Road Suite 200 ~ Sioux City, IA 51106

Patient Information ***(Please fill out entire form and write legibly)***

Patient Name: _____ Date: _____
Sex: ____Male ____Female Social Security #: _____
Date of Birth: ____/____/____ Mothers Maiden Name: _____ State of Birth: _____
(used to access records online)
Street Address:_____
Mailing Address(if different from above): _____
Home Phone: _____ Business Phone: _____
Patient's Employer: _____ Occupation/Department: _____
Cell Phone #: _____ Preferred contact method: cell / home / work / text
Email: _____ (used to access records online)
Marital Status: ____Single ____Married ____Widow ____Divorced ____ Separated
Race: ____ White ____ American Indian ____ Asian ____ African American ____ Hispanic _____ Other _____
Primary Language: _____ Special Needs?:_____
How did you hear about us?: _____Friend _____Family _____ Newspaper _____Radio

Spouse Information

Name of Spouse: _____ Date of Birth: ____/____/____ Social Security #: _____
Employer: _____ Occupation/Department: _____

Complete if Patient is Minor and/or on Parent's Insurance

Father's Name: _____
Address (if different): _____
Phone #(if different): _____
Social Security #: _____
Employer: _____
Date of Birth: ____/____/____

Mother's Name: _____
Address (if different): _____
Phone#(if different): _____
Social Security #: _____
Employer: _____
Date of Birth: ____/____/_____

Insurance Information (Policyholder)

Name of Insurance Company: _____
Address of Insurance Company:_____
ID #: _____ Group #: _____
Name of Policyholder: _____
Sex: ____ Male ____ Female
Relationship to Patient: _____ Date of Birth: ____/____/____
Social Security #: _____ Employer: _____

Guarantor Information (where bills are sent)

Name: _____ Relationship to Patient: _____
Address: _____ Phone: _____

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Worker's Compensation

Date of Injury: _____ Employer: _____ Telephone: _____
Attention: _____ Address: _____

I understand I am responsible for payment as services are rendered.

Signature: _____ Date: _____