

PATIENT INFORMATION (PLEASE PRINT)

Name: _____ Birth Date: _____ Sex: ___M___F
Mailing Address: _____ City/State/Zip: _____
Physical Address: _____ City/State/Zip: _____
Home Phone#: (____) _____ Work #: (____) _____ Cell #: (____) _____
SS# _____
E-Mail: _____ May we Contact you by Email: *Circle* YES NO

Race: *White African American Asian Indian Not Specified*
Ethnicity: *Hispanic Not Hispanic Not Specified*

Employer: _____ Occupation: _____ TDCJ Unit: _____
Primary Care Physician: _____ Referring Physician: _____
Pharmacy/Location: _____

Marital Status: ___M___S___O Spouse's Name: _____
Spouse DOB: _____ Spouse Employer: _____
Work #: _____ Cell Phone #: _____

Has someone recommended our Practice to you? _____ Name: _____
Have you or any member of your family ever been treated by Dr. Monday in the past? *Circle*: YES NO
If yes please list names: _____

In case of Emergency, Notify: Name: _____ Relationship: _____
Home #: _____ Work# _____ Cell# _____
Next of kin: Name _____ Relationship: _____ Home/Work/Cell#: _____

Do you authorize release of medical information to your spouse or other person? *Circle*: YES NO
Please list names of persons we can release information: _____

May we leave a message to call us on your answering machine: *Circle*: YES NO
May we leave test results on your answering machine: *Circle*: YES NO

Privacy Practices

I have reviewed the Notice of Privacy Practices of Charles W. Monday, Jr., M.D., P.A., which explains how my medical information will be used and disclosed. We may disclose your information electronically. I understand that I am entitled to receive a copy of this document.

Acknowledgement of Financial Policy

I have reviewed the Financial Policy of Charles W. Monday, Jr., M.D., P.A. I understand that I am entitled to receive a copy of this document.

Signature of Patient: _____ Date: _____

Person signing on behalf of patient: _____ Relationship: _____

IF PATIENT IS A MINOR:

Mother's Name: _____ Birth Date: _____

SS#: ____ - ____ - ____ Address: _____

Phone #: (____) _____ Employer: _____

Father's Name: _____ Birth Date: _____

SS#: ____ - ____ - ____ Address: _____

Phone #: (____) _____ Employer: _____