

Patient Information

Social Security Number		Last Name			First Name			Middle Initial
Street Address:				Phone #		Cell Phone #		
City:		State:		Zip Code:		Sex:	Date of Birth	Age:
Marital Status (Circle One)			Race		Ethnicity (Circle One)			
S	M	D	W			Hispanic	Non-Hispanic	Decline
Spouse's Name (if applicable)			Children's Name and Ages					
Language:	English	Spanish	Other:		Email:			
Employer/School Name:				City of Location		Employment Status (Circle One)		
Work Phone:						Full - Part - Retired - Disabled - Other		
Referring MD:				Primary Care MD:				
Emergency Contact		Name:				Phone:		

Financially Responsible Party (if other than patient)

Social Security Number		Last Name			First Name			Middle Initial
Street Address:				Apartment #		Phone #		
City:		State:		Zip Code:		Date of Birth	Cell Phone #	
Relationship to Patient:				Sex:	Race:		Age:	
Employer / School Name:				City of Location:				

Insurance Information

Primary Insurance		Secondary Insurance	
Insurance 1:		Insurance 2:	
Policy Number:		Policy Number:	
Group Number:		Group Number:	
Insured 1 Name:		Insured 2 Name:	
Relation to Patient:		Relation to Patient:	
Insured D.O.B:		Insured D.O.B:	
Benefit Telephone #		Benefit Telephone #	
Authorization Number:		Authorization Number:	

Release of Information & Patient Consent

I authorize **LifeWorks** to release any/all information acquired in the course of my examination and treatment to my insurance company, third party payers, case utilization, managed care review companies, and Health Care Financing Administration. I further authorize information to be released to all other **LifeWorks** agencies, affiliated institutions or individuals who will be providing healthcare or social services to me. I also authorize payment to be made to **LifeWorks** for services rendered.

I hereby authorize **LifeWorks'** staff to give the following people information concerning my test results, health status, and appointment times.

Names:

_____	_____	_____
Print Name of Responsible Party	Signature of Responsible Party	Date