CALVARY Medical Clinic

Where Your Healing Begins

Date: _____/_____/_____

Patient's Name: _____ **DOB:** _____/_____/_____ **Age:** _____

Sex: ○Male ○Female **SS#:** _____-_____-_____ **DR LICENSE#:** _____

Home Phone #: (_____) _____-_____ **Cell Phone #:**(_____) _____-_____

If minor Parent's Name: _____ **Parent DOB:**_____/_____/_____

Email Address: _____

Address: _____

City: _____ **State:**_____ **Zip:**_____

Patient Employer:_____

Occupation:_____ **Work Phone #:** (_____) _____-_____

Spouse's Name: _____ **Spouse's DOB:** _____/_____/_____

Spouse's Employer: _____ **Occupation:** _____

** **IN CASE OF AN EMERGENCY WHO MAY WE NOTIFY?** **

Name: _____ **Relationship:**_____

Hm Ph #:(_____) _____-_____ **Cell Ph #:**(_____) _____ _____ **Wk Ph #:**(_____) _____-_____

** **WHO IS RESPONSIBLE FOR PAYMENT** **

Name: _____**Relationship:**_____

Hm Ph #: (_____) _____-_____ **Cell Ph #:** (_____) _____ _____**Wk Ph #:** (_____) _____-_____

Address: _____**City:**_____**ST:**_____**Zip:**_____

Insurance Company: _____ **Phone:** (_____) _____-_____

Cardholder Name:_____

Relationship: _____**DOB:** _____/_____/_____**SS#:** _____-_____-_____

Group # Or Plan Name:_____ **Subscriber Or ID #:**_____

Preferred Pharmacy: _____

For continuity of care, I consent to Calvary Medical Clinic obtaining my pharmacy records. **Yes ¤** **No**

***Payment is expected at the time services are rendered unless previous arrangements have been made. As a courtesy our office will file your insurance claims for the physician's fees in the event of hospitalization.* I also authorize Calvary Medical Clinic to release any information necessary in the course of my treatment required by the insurance company covering these procedures and I permit a copy of this authorization to be used in the place of the original. I understand that I am responsible for all amounts not covered by insurance. I have received a notice of this organization's privacy practices.**

Patient or Parent/Guardian Signature: _____

Parent/Guardian Name *(printed)*:_____

	Phone Number	Address	Business Hours
Livingston	936-327-1055	309 Hwy 59 S Loop	Monday - Friday: 8.00 AM - 5.OO PM
Cleveland	281-592-9775	108 S William Barnett Ave	Saturday - Sunday: Closed