SOUTH COUNTY ENDOCRINOLOGY & OBESITY MEDICINE
12900 Tesson Ferry rd, Suite 101, St Louis, MO 63128
Phone: 314-843-4848 Fax: 1-866-510-2730

PATIENT INFORMATION

NAME: (LAST)_____(FIRST)_____(MI)_____

ADDRESS:_____(CITY/STATE)_____(ZIP)_____

HOME PHONE:_____ CELL PHONE:_____ WORK:_____

DATE OF BIRTH:____/____/____ SEX: M F MARITAL STATUS: S M D W Separated SS#____/____/____

NAME OF GUARANTOR:_____ GUARANTOR'S DATE OF BIRTH:____/____/____
(name of whoever holds the insurance policy)
GUARANTOR'S ADDRESS:_____(CITY/STATE)_____(ZIP)_____

TELEPHONE NUMBER:_____ SS#:____/____/____ RELATIONSHIP TO PATIENT:_____

PRIMARY CARE DOCTOR _____

PHARMACY NAME AND NUMBER _____

EMERGENCY CONTACT:_____TELEPHONE NO:_____ RELATIONSHIP:_____

INSURANCE INFORMATION

PRIMARY INSURANCE:_____EFFECTIVE DATE:____/____/____

NAME OF INSURED:_____ RELATIONSHIP TO PATIENT:_____

INSURED'S DATE OF BIRTH:____/____/____ INSURED'S ID NO:_____ GROUP NO:_____

INSURED'S ADDRESS:_____ TELEPHONE NO:_____

INSURED EMPLOYED BY:_____

SECONDARY INSURANCE:_____ EFFECTIVE DATE:____/____/____

NAME OF INSURED:_____ RELATIONSHIP TO PATIENT:_____

INSURED'S DATE OF BIRTH:____/____/____ INSURED'S ID NO:_____ GROUP NO:_____

INSURED'S ADDRESS:_____ TELEPHONE NO:_____

INSURED EMPLOYED BY:_____

ADDITIONAL INFORMATION

EMAIL ADDRESS:_____

PATIENT DEMOGRAPHICS: Our practice participates in meaningful use, a nationwide initiative to improve our nations' health. To better identify possible disparities in access and quality of healthcare based on race and ethnicity on a nation wide level we are required to ask the following questions:

RACE
___ AMERICAN INDIAN/ALASKAN NATIVE
___ ASIAN
___ AFRICAN AMERICAN
___ CAUCASIAN
___ NATIVE HAWAIIAN OR OTHER PACIFIC ISLAND
___ OTHER
___ I PREFER NOT TO REPORT

ETHNICITY
___ HISPANIC/LATINO
___ NOT HISPANIC/LATINO
___ I PREFER NOT TO REPORT

PREFERRED LANGUAGE
____ BOSNIAN
____ ENGLISH
____ SIGN LANGUAGE
____ SPANISH
____ OTHER
____ I PREFER NOT TO REPORT

SIGNATURE OF RESPONSIBLE PARTY:_____DATE:_____