



PATIENT INFORMATION SHEET

Welcome to our practice! Please print clearly the following information:

Patient Name _____
First Middle Last Maiden Name

Address _____ City _____ State _____ Zip _____

Social Security # _____ - _____ - _____ Male Female Date of Birth ____/____/____

Home Phone (____) _____ Patient's Cell Phone (____) _____ How should we contact you? _____

Status: Minor Single Married Divorced Widowed Separated

E-mail Address _____ Spouse's Name _____

Emergency Contact Name _____ Relationship _____ Emergency Phone (____) _____

Referring Physician _____ Primary Care Physician _____

Employer Name _____ Work Phone Number (____) _____

Please indicate your health insurance carrier: Workers Comp Yes No No-Fault Yes No

Primary Carrier _____ Policy # _____ Group # _____

Insurance Address _____ City _____ State _____ Zip _____

Network _____ PPO _____ EPO _____ Network referral needed? _____

Name of Subscriber _____ Relationship to patient _____

Subscriber Date of Birth ____/____/____ Subscriber Social Security # _____ - _____ - _____

Subscriber Employer Name _____ Telephone # (____) _____

Secondary Carrier _____ Policy # _____ Group # _____

Insurance Address _____ City _____ State _____ Zip _____

Name of Subscriber _____ Relationship to patient _____

Subscriber Date of Birth ____/____/____ Subscriber Social Security # _____ - _____ - _____

Subscriber Employer Name _____ Telephone # (____) _____

How did you learn about Dr. Honeycutt and Advanced Surgical Arts Center? Please check all that apply:

- _____ told me about Dr. Honeycutt.
- My doctor, _____ referred me.
- I heard Dr. Honeycutt speak at _____.
- I was looking for a board certified plastic surgeon.
- I noticed your Yellow Pages ad in the _____ phone book.
- The hospital recommended Dr. Honeycutt.
- Newspaper (which one?) _____
- Internet
- Your location is convenient to my home or office.
- Other _____

- MAY WE THANK YOUR FRIEND/DOCTOR FOR REFERRING YOU TO OUR OFFICE?**
- Yes, you may send a thank you.
 - No, I prefer you do not send a thank you.

PLEASE READ AND SIGN THE FOLLOWING:

I directly assign all medical/surgical benefits to Advanced Surgical Arts Center, D'Arcy A. Honeycutt, M.D., and understand I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original.

Sign Here: _____

Date: _____