

Welcome to The Country Doctor, Ltd. Please complete this Initial Demographics Form

Prefix, Last, First, MI	Insurance Name
	Insurance ID#
Date of Birth	Insurance Group#
Gender	Copay/Deductible Amount
Home Phone	Insurance Secondary
Cell Phone	Insurance Secondary ID#
Social Security#	Insurance Secondary Group#
Single/Married/Other	
Street Address	Pharmacy Name
City, State, Zip	
Employed	Pharmacy Mail order option
Employer	How did you learn about the practice?
	Previous Doctor
Occupation	

Reason for visit _____

Main symptoms _____

Medications:	Medications:	Medications:

Medication Allergies: _____

Illnesses, Hospitalizations and Surgeries:

tobacco (type, amt/day, yrs) _____ Children _____
 alcohol (type, amt/day, yrs) _____ Hobbies _____
 up to date Immunizations yes no
 Family illnesses Mom _____ Dad _____
 Sisters _____ Grandparents _____
 Brothers _____

Emergency contact _____ Emergency phone number _____

I consent to have The Country Doctor treat myself, or the person named on this form. I consent to have my insurance, Medicare, etc., billed for my care, and I consent to release medical information to process claims concerning the person listed on this form. Please note that insurance may require patients to pay a copay, a percentage of the visit, and/or a deductible. I understand that it is my responsibility to check with my health coverage plan regarding the coverage deductibles, copays, tests and immunizations. I have reviewed the payment policies, and I will pay the required fees.

Signature of patient, parent, or guardian _____ Date _____ Printed name of person who signs the form and relationship to patient _____