



Name: _____ Date of Birth: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell: _____

Email: _____ S.S. #: _____

Sex: _____ Marital Status: _____

Patient Employer: _____ Phone Number: _____

Pharmacy: _____

If Minor, Please Complete

Mother's Name: _____

Address: _____

S.S. # _____

Work Phone: _____

Father's Name: _____

Address: _____

S.S. # _____

Work Phone: _____

Insurance Information: PLEASE PROVIDE INSURANCE CARD(S) AT SIGN-IN

Emergency Contact: _____ Relationship: _____ Phone: _____

Name of other physicians who care for you: _____

I authorize any holder of medical or other information about me to release to my insurance company or to the social security administration and health care financing administration or its intermediaries or carrier any information needed for this or a related claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits either to myself or to the party whom accepts assignment. Regulations pertaining to medical assignment of benefits apply.

By signing this form, I expressly consent and authorize Sinclair Family Health, LLC and its affiliates and agents, including any collection agency or debt collector hired by them to communicate with me for any reason related to the services provided by SFH including collection of amounts owed for said services. This communication may be made using an automatic telephone system or an artificial or prerecorded voice at the telephone number(s) I provided to SFH and its affiliates and agents and also any telephone number assigned to a cellular telephone service or any service for which I am charged for the call. In addition, I further expressly consent and authorize SFH and its affiliates and agents including any collection agency or debt collector hired by them to communicate with me at any phone number or email address or other unique electronic identifier or mode that I provided to SFH or its affiliates or agents at any time or any phone number or email address or other unique electronic identifier or mode SFH or its affiliates or agents find or obtains on its own which is not provided by me.

Signed: _____

Date: _____