

**EVANSVILLE
SURGICAL
ASSOCIATES**

Patient Information Form

Patient Information						
First Name	M I	Last Name	SSN	Date		
Street		City	State	Zip Code	<input type="checkbox"/> M <input type="checkbox"/> F	
Home Phone		Cell Phone	Preferred Language		Date of Birth	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			Email Address (If patient is minor, do not answer here)			
<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Student <input type="checkbox"/> Disabled			Optional: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other			
Employer/ School Name			Phone			
Referring Provider's Name			Primary Care Provider's Name			
Insurance Information: Name of individual who carries the insurance, if other than patient						
First Name	M I	Last Name	SSN			
Street		City	State	Zip Code	<input type="checkbox"/> M <input type="checkbox"/> F	
Home Phone/Cell Phone		Name of Insurance Carrier	Insurance ID	Date of Birth		
Relationship to Patient		Employer				
Responsible Party Information: If minor, parent's information						
First Name	M I	Last Name	SSN	Phone Number		
Street		City	State	Zip Code	Date of Birth	
Relationship		Email address				
Pharmacy Information						
Name		Preferred Location	State	Phone		
Work Comp			Auto Accident			
Is your visit today a result of a work injury? <input type="checkbox"/> Y <input type="checkbox"/> N			Is your visit today a result of an auto accident? <input type="checkbox"/> Y <input type="checkbox"/> N			
Date of Injury:			Date of Accident:			
Ownership Disclosure						
<p>If you have a procedure, it may be scheduled at the Evansville Surgery Center or Surgicare. Your physician may be a part-owner of the Evansville Surgery Center or Surgicare. The physician believes that the Evansville Surgery Center or Surgicare is an appropriate setting for services for which you are being referred. Nevertheless, the selection of a specific facility always rests with the patient, and you may choose to be referred to an alternate location if you so desire.</p>						
Policy for Prescription of Narcotics						

