

Family Healthcare of Fairfax, P.C.

3025 Hamaker Court suite #350 Fairfax, VA 22031

Phone: (703) 573-6400 Fax: (703) 641-5821

How did you hear about us?

PATIENT INFORMATION FORM

NAME:(First) _____ (Middle): _____ (Last): _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Home Address: _____
E-mail: _____ Street _____ City _____ State _____ Zip Code _____
Date of Birth: _____ Age: _____ Sex: _____ Social Security #: _____
Employer: _____ Occupation: _____

PERSON RESPONSIBLE FOR ACKNOWLEDGEMENT OF ACCOUNT

NAME: _____ If different from patient, complete below:
Home Phone: _____ Work Phone: _____ Social Security #: _____
Home Address: _____
Street _____ City _____ State _____ Zip Code _____

Emergency Contact: _____ **Daytime Phone #:** _____

NAME AND PHONE #s of OTHER FAMILY MEMBERS SEEN BY OUR PRACTICE

PRIMARY INSURANCE CO.: _____
Insurance Address: _____
Street/ P.O. Box _____ City _____ State _____ Zip Code _____

POLICY #: _____ **GROUP #:** _____
Policy Holder's Name: _____ DOB: _____ Sex: _____ SS#: _____
Employer: _____ Work Phone: _____
Work Address: _____
Street _____ City _____ State _____ Zip Code _____

Relationship of Patient to Policy Holder: _____ Self _____ Spouse _____ Child _____ Other

SECONDARY INSURANCE CO.: _____
Insurance Address: _____
Street/ P.O. Box _____ City _____ State _____ Zip Code _____

POLICY #: _____ **GROUP #:** _____
Policy Holder's Name: _____ DOB: _____ Sex: _____ SS#: _____
Employer: _____ Work Phone: _____
Work Address: _____
Street _____ City _____ State _____ Zip Code _____

Relationship of Patient to Policy Holder: _____ Self _____ Spouse _____ Child _____ Other

Is this visit related to an: ___ Auto Accident ___ Work Injury? If so, please complete below:
AUTO ACCIDENT CLAIM INFORMATION/ WORKMAN'S COMPENSATION

Insurance Co. Name: _____
Claims Address: _____
Contact Name/Agent: _____ Phone #: _____
Date of Accident or Injury: _____ **CLAIM #:** _____

I certify that the above demographic & insurance information is correct.

Signature: _____ Date: _____

(Please also sign the Financial Policy Form)

ALL INFORMATION IS CONFIDENTIAL