

**Holmes Family Medicine**  
**151 Parkview Dr**  
**Millersburg, OH 44654**

**Patient Information Form**

Date
------

Patient last name: \_\_\_\_\_  
 Patient first name: \_\_\_\_\_  
 Patient middle initial: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Patient maiden name: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Gender: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Patient SSN: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 Work extension: \_\_\_\_\_  
 Spouse's name: \_\_\_\_\_  
 Father's name: \_\_\_\_\_  
 Mother's name: \_\_\_\_\_

**Payment (please check one):**

- Self-Pay
- Insurance

*As part of the government's electronic medical records program, we are now expected to record your race and ethnicity. Like the rest of your chart, this information is protected and private under HIPAA, but if you do not wish us to record it, simply check "Prefer not to report."*

**Ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to report

**Race:**

- American Indian or Alaska Native
- Asian
- Black or African American
- More than one race
- Native Hawaiian
- Other Pacific Islander
- Prefer not to report
- White

*Thank you for understanding.*

**In case of emergency, notify:**

(Name)	(Relationship)	(Phone Number)
--------	----------------	----------------

I hereby authorize Holmes Family Medicine to furnish information to insurance companies as may be requested for illness or injury. This authorization shall apply to my records or any minor listed either above or below.

I authorize payment for these services to be made directly to Holmes Family Medicine.

I also understand that I am responsible for payment of services not covered by my insurance company and that payments for co-pays are required at the time of service.

Signature of responsible party \_\_\_\_\_ Date \_\_\_\_\_

Printed name (if other than patient) \_\_\_\_\_

Other Family Members	Date of Birth	Relationship	Is payment type same as above?
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No

If you need more room for additional names, circle yes and write them on the back of this sheet: Yes / No