

WELCOME

COLORADO UROLOGY CENTER

Dr. Ian Fauconier
400 State Street
Fort Morgan, CO 80701
(970) 542-0444

Today's date:

Primary Care Physician:

PATIENT INFORMATION

Patient's last name:	First:	Middle:	Marital status (circle one) Single / Married / Divorced / Widowed / Other		
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Social Security number:			Home phone number: ()	Cell phone number: ()	
Street address:		P.O. box:	City:	State:	ZIP Code:
Occupation:	Employer:	Employer address:		Employer phone number: ()	
Referred to clinic by:					

INSURANCE INFORMATION

(Please give your insurance card to the receptionist.)

Person responsible for bill:	Is this person a patient here? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth date: / /	Home phone number: ()		
Address (if different than above):					
Occupation:	Employer:	Employer address:		Employer phone number: ()	
Is this patient covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please indicate primary insurance:			
Subscriber's name:	Subscriber's Social Security number:		Group number:	Policy number:	Co-payment: \$
Name of secondary insurance (if applicable):			Group number:	Policy number:	
Patient's relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other					

IN CASE OF EMERGENCY

Emergency contact (must be someone not living with you)

Home phone number: ()	Cell phone number: ()	Work phone number: ()
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Patient/Guardian signature

Date