



2626 Research Forest Drive
 The Woodlands, TX 77381
 281-298-5476 | www.woodlandsfammed.com

PATIENT INFORMATION

PLEASE PRINT

FULL NAME: _____ DOB: _____ GENDER: MALE / FEMALE
 HOME ADDRESS: _____ CITY: _____ ZIP: _____
 PREFERRED PHONE: _____ DAYTIME: _____ CELL: _____
 SOCIAL SECURITY: _____ MARITAL STATUS: NOT MARRIED / MARRIED / DIVORCED / WIDOWED
 EMAIL ADDRESS: _____ PCP: _____
 EMERGENCY CONTACT: _____ RELATIONSHIP: _____ PHONE: _____
 REFERRING PHYSICIAN/HOW DID YOU HEAR ABOUT US? _____
 PHARMACY (LOCATION/PHONE NUMBER): _____

PRIMARY INSURANCE INFORMATION

NAME OF INSURANCE: _____ PHONE: _____
 POLICYHOLDER: _____ DOB: _____ SS#: _____ GENDER: MALE / FEMALE
 POLICY #: _____ GROUP #: _____

SECONDARY INSURANCE INFORMATION

NAME OF INSURANCE: _____ PHONE: _____
 POLICYHOLDER: _____ DOB: _____ SS#: _____ GENDER: MALE / FEMALE
 POLICY #: _____ GROUP #: _____

*****PLEASE BE READY TO PROVIDE PROOF OF INSURANCE AND ID TO RECEPTIONIST*****

MINOR INFORMATION IF PATIENT IS A MINOR (18 YEARS OR YOUNGER) PLEASE COMPLETE THE FOLLOWING:

MOTHER'S NAME: _____ PHONE: _____
 FATHER'S NAME: _____ PHONE: _____

A PARENT OR LEGAL GUARDIAN MUST BE PRESENT FOR ANY TREATMENT OF MINORS

WHAT IS YOUR ETHNICITY? HISPANIC OR LATINX NOT HISPANIC OR LATINX **DECLINE**

WHAT IS YOUR RACE? (CHOOSE ONE OR ALL CATEGORIES THAT BEST DESCRIBE YOUR RACE)

WHITE AMERICAN INDIAN/ALASKA NATIVE BLACK OR AFRICAN AMERICAN INDIAN ASIAN
 NATIVE HAWAIIAN OR PACIFIC ISLANDER HISPANIC OTHER **DECLINE**

PRIMARY LANGUAGE SPOKEN: _____

PLEASE READ AND SIGN BELOW:

I/We, the undersigned, hereby agree to pay all amounts and charges hereafter incurred by me or members of my family for services rendered by this office. I hereby authorize Dr. Chaitali Nangrani to furnish information to insurance carriers concerning my illness and treatments. It is customary that payment be made when the service is rendered. I authorize benefits payable to the above practice. I understand I am responsible for any amount not covered by insurance.

DATE

PATIENT / RESPONSIBLE PARTY SIGNATURE