

**BLUE RIDGE CARDIOLOGY & INTERNAL MEDICINE, PA**

**“Our” BLUE RIDGE MEDICAL GROUP**

**111 Comer Street, Dobson, NC 27017**

**905 Rockford Street, Mt. Airy, NC 27030**

**640 Parkwood Medical Park, Elkin, NC 28621**

**380 Parkwood Medical Park, Elkin, NC 28621**

**108 South State Street, Yadkinville, NC 27055**

**1909 West Park Drive, North Wilkesboro, NC 28659**

**665 South Main Street, Trojan Village #206, Sparta, NC 28675**

**PATIENT'S NAME** \_\_\_\_\_  
LAST FIRST MIDDLE

**ADDRESS** \_\_\_\_\_  
STREET  
CITY STATE ZIP

**PHONE** \_\_\_\_\_  
HOME WORK CELL

**E-MAIL ADDRESS** \_\_\_\_\_

**PATIENT BIRTHDATE** \_\_\_\_\_ **MALE** \_\_\_ **FEMALE** \_\_\_ **PT SS#** \_\_\_\_\_  
MONTH / DATE / YEAR

**PATIENT'S EMPLOYER AND ADDRESS** \_\_\_\_\_

**PATIENT'S SPOUSE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_  
LAST FIRST MIDDLE

**RESPONSIBLE PARTY** \_\_\_\_\_  
LAST FIRST MIDDLE

**ADDRESS:** \_\_\_\_\_  
STREET / PO BOX CITY STATE / ZIP CODE

**PERSON TO CONTACT IN CASE OF EMERGENCY (not living in same household; include phone #)**

**PARENT(S) OR LEGAL GUARDIAN OF MINOR CHILD:**

**Mother** \_\_\_\_\_  
LAST FIRST MIDDLE DATE OF BIRTH PHONE

**ADDRESS:** \_\_\_\_\_  
(IF DIFFERENT) STREET / PO BOX CITY STATE / ZIP CODE

**Father** \_\_\_\_\_  
LAST FIRST MIDDLE DATE OF BIRTH PHONE

**ADDRESS:** \_\_\_\_\_  
(IF DIFFERENT) STREET / PO BOX CITY STATE / ZIP CODE

**Guardian** \_\_\_\_\_  
LAST FIRST MIDDLE DATE OF BIRTH PHONE

**ADDRESS:** \_\_\_\_\_  
(IF DIFFERENT) STREET / PO BOX CITY STATE / ZIP CODE

**PLEASE COMPLETE INSURANCE INFORMATION ON THE BACK SIDE**

Revised 09.23.13

**HOW DID YOU HEAR ABOUT OUR PRACTICE?**

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1<sup>ST</sup> INSURANCE COMPANY

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POLICYHOLDER NAME AS APPEARS ON ID  
CARD

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POLICYHOLDER DATE OF BIRTH

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POLICYHOLDER ID#

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GROUP PLAN #

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NAME OF GROUP EMPLOYER

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2ND INSURANCE COMPANY

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POLICYHOLDER NAME AS APPEARS ON ID  
CARD

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POLICYHOLDER DATE OF BIRTH

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POLICYHOLDER ID#

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GROUP PLAN #

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NAME OF GROUP EMPLOYER

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