

BLUE RIDGE CARDIOLOGY & INTERNAL MEDICINE, PA

905 Rockford Street, Mt. Airy, NC 27030
640 Parkwood Medical Park, Elkin, NC 28621

1909 West Park Drive, North Wilkesboro, NC 28659

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 04.07.22

PATIENT DEMOGRAPHICS

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Language Preference: ___ English ___ Spanish ___ Other (specify) _____

Race/Ethnicity: ___ White/Caucasian ___ Black/African American ___ Latino/Hispanic

___ Native American/Alaskan ___ Asian (specify country) _____ ___ Pacific Islander

HOW DID YOU HEAR ABOUT OUR PRACTICE? _____

1ST INSURANCE COMPANY _____

POLICYHOLDER NAME AS APPEARS ON ID CARD _____

POLICYHOLDER DATE OF BIRTH _____

POLICYHOLDER ID# _____

GROUP PLAN # _____

NAME OF GROUP EMPLOYER _____

2ND INSURANCE COMPANY _____

POLICYHOLDER NAME AS APPEARS ON ID CARD _____

POLICYHOLDER DATE OF BIRTH _____

POLICYHOLDER ID# _____

GROUP PLAN # _____

NAME OF GROUP EMPLOYER _____

Revised 04.07.22