



**Allergy, Asthma & Immunology Center, P.C.**  
**Vital Prospects Clinical Research Institute, P.C.**

Date: \_\_\_\_\_

How did you hear about us?  Physician  Family  Friend  Telephone directory  Internet  other \_\_\_\_\_

**PATIENT INFORMATION**

Name (Last, First, MI): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ May we leave a message?  Yes  No

Email address: \_\_\_\_\_

Preferred method for an appointment reminder:  Phone  E-mail

Marital Status:  Married  Single  Widowed  Divorced  Separated  Partner

Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_ Occupation: \_\_\_\_\_

**INSURED INFORMATION**

Name of Insured (Self, Parent, Spouse or Other): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Insured Date of Birth: \_\_\_\_\_ Insured SS#: \_\_\_\_\_

Insured Telephone: \_\_\_\_\_ Insured Employer: \_\_\_\_\_

Insured Address: \_\_\_\_\_

**INSURANCE INFORMATION**

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Member: \_\_\_\_\_ Member: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Copay Amount: \_\_\_\_\_ Copay Amount: \_\_\_\_\_

**PHYSICIAN INFORMATION**

Physician requesting consult (referring physician): \_\_\_\_\_

Phone: \_\_\_\_\_

Would you like us to send a copy of our evaluation to this individual?  Yes  No

Primary care physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Would you like us to send a copy of our evaluation to this individual?  Yes  No

**PHARMACY INFORMATION**

Pharmacy: \_\_\_\_\_ Address: \_\_\_\_\_

Pharmacy Phone: \_\_\_\_\_ Pharmacy Fax: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Parent/ Legal Guardian / Next of Kin Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone number: \_\_\_\_\_

May medical information be released to this individual?  Yes  No