



Roanoke  
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Roanoke, VA 24016  
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Lynchburg  
2015 Tate Springs Rd.  
Lynchburg, VA 24501  
T (434) 846-2244  
F (434) 846-0602

Salem  
3529 Keagy Rd.  
Salem, VA 24153  
T (540) 343-7331  
F (540) 725-1356

### Patient Information Sheet

Patient's Name (Please print and include middle initial)		Sex M F	Marital Status S M W D Sep	Age	Home Phone
Date of Birth	Social Security #	Race/Ethnicity			Cell Phone
Street Address	Apt. Number	City	State	Zip Code	Email Address
Preferred Method of Contact: <input type="checkbox"/> <input type="checkbox"/>					
Primary Care Physician		Address			Phone
Referring Physician		Address			Phone
Emergency Contact		Address			Phone
How did you find out about our office?					
<b>If Patient is an Adult</b>					
Patient's Employer and Address					Work Phone
Spouse's Name	Spouse's Date of Birth	Spouse's Social Security #	Spouse's Cell Phone		
Spouse's Employer and Address					Spouse's Work Phone
<b>If Patient is a Child</b>					
Father's Name	Father's Date of Birth	Father's Social Security #	Father's Cell Phone		
Father's Address (If different)	Father's Employer and Address				Father's Work Phone
Mother's Name	Mother's Date of Birth	Mother's Social Security #	Mother's Cell Phone		
Mother's Address (If different)	Mother's Employer and Address				Mother's Work Phone
Parent's Address (if different from patient's)					Home Phone
<b>Insurance Information</b> <span style="float: right;">*We will only bill Primary and Secondary</span>					
Name of Primary Insurance	Policy Holder	Birth Date	Policy or ID #	Group #	
Name of Secondary Insurance	Policy Holder	Birth Date	Policy or ID #	Group #	

Signature: \_\_\_\_\_

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