

PRIMARY CARE PHYSICIANS OF ATLANTA, P.C.

PATIENT INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BIRTHDATE _____ MARITAL STATUS _____

BIOLOGICAL GENDER: MALE _____ FEMALE _____ // (If transgender, gender identity: _____)

EMPLOYER _____

OCCUPATION _____

CELL PHONE () _____ WORK PHONE () _____ HOME PHONE () _____

PREFERRED PHONE # FOR CONTACT (please circle) Cell Work Home

EMAIL(for patient portal) _____

EMERGENCY CONTACT(must be phone number other than the one listed above):

NAME _____ RELATIONSHIP _____ PHONE () _____

NAME _____ RELATIONSHIP _____ PHONE () _____

PRIMARY LANGUAGE (circle one):

English Arabic Chinese Filipino French German Greek Hindi Italian Japanese
Korean Polish Portugese Russian Spanish Vietnamese Other: _____

Please complete the information below as certain medical conditions are more prominent in certain races/ethnicities.

RACE (circle at least one): Caucasian Black/African American American Indian/Alaska Native Asian
Native Hawaiian/Pacific Islander Unknown Other _____

ETHNICITY(circle at least one) Hispanic/Latino Unknown Other _____

I authorize the release of any medical information-, *including information related to psychiatric care, drug, tobacco, alcohol or other substance abuse, genetic testing, and HIV/AIDS or other sexually-transmitted diseases*, necessary to process insurance claims or any medical information that is needed for any utilization review or quality assurance activities. I assign all medical and/or surgical benefits to which I am entitled to Primary Care Physicians of Atlanta, P.C. I understand that I am fully responsible for all fees not covered by my insurance, including tests or procedures my insurance company deem "not medically necessary". In the event my account is turned over for collections, I agree to pay all fees incurred in the collection process. A photocopy of this authorization shall be considered as effective and valid as the original.

Patient Signature/Legal Guardian

Date