



Partnership in Healthcare
431 South Fifth Street
Gadsden, Alabama 35901
Phone: (256) 547-3822 Fax: (256) 547-3822

PATIENT QUESTIONNAIRE

Name: _____ Date of Birth _____

Address: _____

Social Security Number _____

Cell Phone Number _____

Alternate Phone Number _____

Billing Address (if different) _____

Name of Insurance _____

Insurance Policy Number _____ Insurance Group Number _____

Place of Employment _____

Employer's Phone Number _____

Please list anyone, if any, whom we may inform about your general medical condition or your diagnosis. _____

Who is your EMERGENCY CONTACT? _____

Can confidential messages (i.e. appointment reminders) be left on your home answering machine or voicemail? _____

PATIENT NAME _____ (Guardian if under 18 years)

PATIENT OR GUARDIAN SIGNATURE

DATE