CAROLINA GASTROENTEROLOGY

570 New Waverly Place
Suite 140 Cary, NC 27518
Telephone: (919) 854-2500
Fax: (919) 854-2510

Patient Information

Last Name: _____ First: _____ MI: _____ Today's Date: _____

Social Security #: _____-_____-_____ Date of Birth: _____

Home Address: _____ City: _____

Home Phone #: _____ Cell Phone #: _____ Zip Code: _____

E-mail address: _____ Preferred contact #: _____

Employer: _____

Work Address: _____

Work Phone #: _____ Is it ok to leave a message with results on preferred #? ☐Y ☐N

Gender: ☐Male ☐Female Marital Status: _____

In case of emergency, contact: _____

Relationship to you: _____ Phone #: _____

Primary Insurance: _____

Policy Holder's name: _____ Relationship to you: _____

Address for bills (if not on card): _____

Phone #: _____ Group #: _____ Policy #: _____

Secondary Insurance: _____ Policy #: _____

Are you taking any medications (including over-the-counter)? ☐Y ☐N

If yes, which ones? _____

Are you allergic to latex? ☐Y ☐N Are you allergic to any medications? ☐Y ☐N

If yes which ones? _____

Primary care physician: _____ Your pharmacy phone: _____

I authorize the release of any medical information necessary to provide care or to process claims for services rendered and authorize payment of medical benefits to the physician for services rendered. I have read and agree to Carolina Gastroenterology's financial policy.

Signature _____