Atlanta Center For ATHLETES

DEMOGRAPHICS SHEET

PATIENT INFORMATION (PLEASE PRINT)

First Name:
Last Name:
Sex (please circle): M F
Birth Date: (month/date/year)
Age:
SS # :

Address:

Street:
Apartment #:
City:
State:
Zip:
Country (if not USA)
Home # :
Work # :
Cell # :

Mailing Address (if different then the above):

Street:
Apartment #:
P.O. Box:
State:
Zip:
Country (if not USA):

EMERGENCY CONTACT (PLEASE PRINT)

First Name:
Last Name:
Relationship to patient:
Home #:
Work #:
Cell #:

PARENT or LEGAL GUARDIAN (PLEASE PRINT)

First Name:
Last Name:
Relationship to patient:
Home #: Work #:
Cell #:

EMPLOYER (PLEASE PRINT)

Employer Name:
Street:
Suite:
City:
State:
Zip:
Country (if not USA)
Occupation:

INSURANCE INFORMATION (PLEASE PRINT)

Party Responsible for Bill:

First Name:
Last Name:
Relationship to patient:
Insurance Carrier:
Insured Name:
Insured DOB:
Insured SS #:
Contract #:
Group #:

MEDICAL INFORMATION (PLEASE PRINT)

Is condition related to:

☐ Illness ☐ Work/Employment
☐ Auto Accident ☐ Other

Date of Injury:
Present Complaint:
List Daily Medications In Use:

List Any Drug Allergies:

Have you ever had ULCERS: Yes No
If Female, are you pregnant? Yes No
Known Medical Problems:

Family Physician:
Phone #:

I hereby assign directly to Atlanta Center for Athletes all medical benefits, if any, otherwise payable to me for services rendered. I understand that all services rendered to me (or my dependents) are charged directly to me and I am personally responsible for payment of all charges whether or not paid by insurance. Patient or responsible party agrees to pay any and all costs of collection and/or attorney fees required to settle account. I authorize the use of this signature on all my insurance submissions. I hereby authorize the release of all information necessary to secure the payment of benefits. In order to insure proper follow-up and continuity of care, I agree that a copy of my medical records may be released to a designated referral provider and/or physician.

Signature of Patient or Guardian

Date