



### Patient Information (confidential)

Patient Name Mr/Mrs/Ms/Dr \_\_\_\_\_ Preferred Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: Male / Female Home/Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City/St./Zip \_\_\_\_\_

Employer's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Please supply your email address for AHB communication purposes only. This address will not be shared without your consent. \_\_\_\_\_

Preferred method of contact: email \_\_\_\_\_ cell \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_  
(OK to leave message at selected number - Y N )

Spouse (or parent) \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (not living with you) \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Whom May We Thank For Referring You? \_\_\_\_\_

Primary Care Physician & Location \_\_\_\_\_ Phone \_\_\_\_\_

Do you have a **follow up appointment** scheduled with a physician regarding today's visit? Yes / No

If yes, with who? \_\_\_\_\_ Location \_\_\_\_\_

Phone \_\_\_\_\_ **Appointment Date & Time** \_\_\_\_\_

AHB keeps PHI in secure electronic files. All PHI paperwork is kept in locked containers, then containers taken by an AAA NAID certified document destruction service and shredded on an industrial shredder.