

SHAHLA HESHMATI, M.D., INC

**PATIENT INFORMATION SHEET**

**DATE:** \_\_\_\_\_ **How did you find out about us?** \_\_\_\_\_

**CHILD**       New Patient    Referred by: \_\_\_\_\_

Name: First \_\_\_\_\_ M.I.: \_\_\_\_\_ Last: \_\_\_\_\_

Sex:  M  F      Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_

**FAMILY**

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

**EMERGENCY CONTACT (other than parents)**

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**LEGAL GUARDIAN**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Caseworker Name: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION BELOW TO BE COMPLETED BY DOCTOR'S OFFICE:**

Type of Plan:  Indemnity     PPO     EPO     HMO     POS     IPA     Other: \_\_\_\_\_

Payor's Name:  As Plan's Name     Other: \_\_\_\_\_

Eligibility Phone: \_\_\_\_\_ Effective Date From: \_\_\_\_\_

Mailing Address of Payor:  As Card     Other: \_\_\_\_\_

Is the doctor in the network?  YES     NO    If no, Provider Relations Dept. Phone: \_\_\_\_\_

Individual Deductible for year 20\_\_\_\_: \$ \_\_\_\_\_ Amount Satisfied So Far: \$ \_\_\_\_\_

% of coverage: \_\_\_\_\_ %    Co Pay: \$ \_\_\_\_\_ Method of payment:  Cash     Check     Credit Card

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Are there any exclusions and/or waivers?  YES     NO    If yes, please indicate: \_\_\_\_\_

Person talked to: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_