

**BIRMINGHAM INSTITUTE OF PLASTIC SURGERY
Patient Information Form**

Mr, Mrs, Miss, Ms, Dr	Due to the new governmental privacy laws (HIPAA), we ask that you list how you would like to be addressed in order for us to insure your privacy. Please address as:		
Patient First Name:	Middle Initial:	Last Name:	
If minor, Parent/Guardian Name:		Relationship:	
Address:		Zip Code:	
City:	State:	Single Divorced	Married Other
Date of Birth:	Spouse Name:	Social Security #:	
Phone Number:	Work Phone:	Patient Gender: Female Male	
Do we have your permission to leave a message on your answering machine regarding appointments or test results: Yes No Other (please specify)		Pts Initials _____	
E-mail address:			
Emergency Contact:	Relationship:	Phone #:	
I authorize the above named person to receive personal information regarding my medical care should he/she call with a question or concerns: Yes No			Pts Initials _____
Referred by Physician: Please Name	Friend/Patient	Web Site	
Primary Insurance:		Subscriber:	
Subscriber Address if different from Patient's:			
Subscriber Date of Birth:	Patient's relationship to Subscriber: Self Spouse Child Other Dependent		Subscriber Gender: Male Female
Contract #:		Group #	
Do you have Medicare? Yes No	If Yes, is it: Primary Secondary	If Medicare is Secondary, Why?	
Secondary Insurance:		Subscriber:	
Subscriber Address if different from Patient's:			
Subscriber Date of Birth:	Patient's relationship to Subscriber: Self Spouse Child Other Dependent		Subscriber Gender: Male Female
Contract #:		Group #	
I acknowledge I have been given a copy of the financial arrangements and privacy information. We reserve the right to take photos prior to surgery to assist preoperatively and to review the results post operatively with the patient. We reserve the right to use photographs for assisting with insurance prior-authorization, and for educational purposes, including American Society of Plastic Surgery Board Examinations Pts Initials _____			
Patient Signature:		Today's Date:	Chart #