



Date _____

Welcome to Ladies First Obstetrics & Gynecology of Dothan, Inc. We are committed to providing our patients with the highest quality of care and services. Thank you for selecting us for your healthcare needs.

Referring Physician _____ Primary Care Physician _____

How did you hear about us? _____

PATIENT INFORMATION

Last Name _____ First Name _____ M.I. _____ SS# _____

Address _____ City/State/Zip _____ DOB ____/____/____

Marital Status _____ Race _____ Ethnicity: Hispanic Non-Hispanic Decline to Answer

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Occupation _____

Employer Address _____ City/State/Zip _____

Preferred Language English / Spanish / Other _____ Email Address _____

Preferred Pharmacy _____ Address _____ Phone _____

RESPONSIBLE PARTY INFORMATION – Complete only if patient is under the age of 18

Last Name _____ First Name _____ DOB ____/____/____

Relationship _____ Phone (H) _____ (W) _____ (C) _____

Address _____ City/State/Zip _____

EMERGENCY CONTACT

Name _____ Relationship _____ Phone: (C) _____ (W) _____

I have completed this form fully and completely, and certify that I am the patient or duly authorized general agent of the patient authorized to furnish information requested. I consent to treatment necessary for the care of the above named patient. On any unpaid balance, I assign benefits due from any insurance company or third party to Ladies First Obstetrics & Gynecology of Dothan, Inc. I understand that payment is due on the date service is received, and I will be responsible for payment. I authorize release of my medical financial records to individuals as delineated in Ladies First Obstetrics & Gynecology of Dothan, Inc.'s Notice of Privacy Practices.

Date _____ Signature _____

Patient, Parent, or Guardian

I am a minor fourteen years old or older, and I authorize release of my medical and financial records to my parent(s) or guardian(s).

Date _____ Signature _____

I ACKNOWLEDGE THAT I RECEIVED A COPY OF THE NOTICE OF PRIVACY PRACTICES, FINANCIAL POLICY, ASSIGNMENT OF INSURANCE BENEFITS, PROMISSORY NOTE, AND NO-SHOW POLICY.