

UnitedMedical

freedom to heal...

762 Independence Blvd., Suite 798, VA Beach, VA 23455
Office (757) 363-7746 Toll Free (800) 230-8444 Fax (757) 363-8225

PATIENT INTAKE FORM

Date _____

Patient Name _____ D.O.B. _____

SSN _____ Gender *Male or Female*

Sponsor SSN: _____, Sponsor Name: _____ Sponsor DOB: _____

Address _____ Weight _____ Height _____

City _____ State _____ ZIP _____

Home _____ Work _____ Cell _____

EMAIL ADDRESS: _____

Emergency Contact Name _____ Relation to Patient: _____

Contact Phone: _____ Contact Address: _____

Place of Employment: _____ **Employment Phone:** _____

Employment Address: _____ **City, State, Zip:** _____

Primary Doctor _____

Dr. Address _____

Phone _____ Fax _____

Equipment / Supplies Requested _____

Referred By _____

PRIMARY INSURANCE

SECONDARY INSURANCE

Company: _____

Company: _____

Policy: _____

Policy: _____

Group: _____ Effective date: _____

Group: _____ Effective date: _____

Policy Holder: _____

Policy Holder: _____