

# New Patient Information



<b>Patient Name:</b>		MRN:	Date of Birth:	Sex:	Age:
Marital Status:		Social Security Number:			
Address:		City:	State:	Zip:	
Home Phone:		Cell Phone:	Work Phone:		
Patient's Employer:			Employer Address:		
Email Address:			Primary Language:		
Race (circle one): American Indian or Alaska Native    Asian Black or African American    White    Decline to Specify Native Hawaiian or Other Pacific Islander			Ethnicity (circle one):    Hispanic    Not Hispanic		
<b>Responsible Party (Guardian if patient is a minor):</b>			Sex:	Date of Birth:	
Address:		City:	St:	Zip:	
<b>PRIMARY INSURANCE</b>			<b>SECONDARY INSURANCE</b>		
Carrier Name:			Carrier Name:		
Subscriber Name:			Subscriber Name:		
Subscriber Date of Birth:			Subscriber Date of Birth:		
Policy ID:			Policy ID:		
<b>Primary Care Physician</b>			<b>Referring Physician</b>		

**Notice of Privacy Practices:**

I acknowledge that I have received a copy of the June E. Nylén Cancer Center Notice of Privacy Practices which includes my rights and responsibilities. I understand that they are posted in the reception area and are also located on the June E. Nylén Cancer Center website    **Initials** \_\_\_\_\_

**Contact Authorization and Detailed Message:**

I may be contacted at the phone numbers provided above.    **Initials** \_\_\_\_\_

**Do you have an Advanced Directive** \_\_\_\_\_ **Living Will** \_\_\_\_\_

**Durable Power Attorney for Healthcare** \_\_\_\_\_ **Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**You are authorized to release information to the following person(s):**

<b>Emergency Contact Name:</b>		
Home Ph:	Cell Ph:	Relationship:

**NAME OF PERSON**

**RELATIONSHIP TO PATIENT**

**BEST PHONE NUMBER**


I request that payment of authorized benefits may be made to JENCC for any services furnished by JENCC.

**By signing this form, I acknowledge that I have read and understand the individual statements above**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Patient or Legal Guardian if patient is under 18 years old.