# Patient Information Update

**Acct # _____**

Staff Review_____

Date_____

Pt Name:_____ DOB:_____

First Name MI Last Name

If Minor, Parent/Guardian Name:_____

Address: _____

Street City State Zip +

Home # (___)_____Cell # (___)_____Work # (___)_____Ext____

Email Address: _____ **Circle Preferred Communication: Home/Cell/Email**

Primary MD:_____ Ph #:_____

Name City/State

**I understand that this office electronically prescribes all medication prescriptions. I would like them sent to**:

Local Pharmacy _____ Mail Order Pharmacy_____

**Primary Insurance Company: ☐ SAME AS PREVIOUS YEAR – If anything changed please complete**

Policy ID#:_____ Policy Group #:_____

Policy Holder's Name:_____ DOB:_____/ ☐ Same as patient

Policy's Holder's relationship to patient: ☐ Self ☐ Spouse ☐ Parent ☐ Other

Policy Holder's Address: _____ / ☐ Same as patient

_____

Phone#:_____ / ☐ Same as patient

**Secondary Insurance Company: ☐ SAME AS PREVIOUS YEAR – If anything changed please complete**

Policy ID#:_____ Policy Group #:_____

Policy Holder's Name:_____ DOB:_____/ ☐ Same as patient

Policy's Holder's relationship to patient: ☐ Self ☐ Spouse ☐ Parent ☐ Other

Policy Holder's Address: _____ / ☐ Same as patient

_____

Phone#:_____ / ☐ Same as patient

**Permission to Discuss Protected Health Information**

I give Headache Wellness Center permission to discuss treatment and billing issues with the person(s) listed below. NO WRITTEN INFORMATION will be shared without an additional consent form.

| Name | Relationship | Ph # |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Phone Communication-Please indicate your communication preferences.**

**Please note: You WILL NOT receive appointment reminders if you select either of these options.**

- ☐ **Do not** leave detailed messages with other people that may answer the phone
- ☐ **Do not** leave detailed messages on voice mails

I have received a copy of Headache Wellness Center policies and HIPAA information.

_____ _____

Patient/Guardian/Responsible Party Signature Date