



104 SPENRYN DRIVE  
MADISON, AL 35758  
(256) 772-4300

**Patient Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Employer \_\_\_\_\_

**Person Responsible for Charges (if different than above)**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Employer \_\_\_\_\_

**Insurance Coverage**

Primary \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_ Subscriber \_\_\_\_\_

Secondary \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_ Subscriber \_\_\_\_\_

List all people we may talk to about your general health and test results:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

I provide consent to Panacea O'Neill Medical Group using my cell phone number for automatic calls (ATDS) in order to provide courtesy appointment reminders and future recall reminders. I also understand I am not required to provide such consent in virtue of being a patient and may revoke this cell phone consent at any time in the future.

Attestation that all above information is true, correct and up to date

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_