

Athens Hematology Oncology

115 Medical Circle, Ste 106
Athens, TX 75751

BASIC INFORMATION FORM

Today's Date: _____ Social Security #: _____

Patient's Full **Legal** Name: _____

Date of Birth: _____ Age: _____ Sex: M F Citizenship: _____

Address: _____
Street City, State, Zip

Alternate Address: _____

Home phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Employer Name: _____

Employer Address: _____
Street City, State, Zip

Occupation: _____ Length of Employment: _____

Marital Status: _____ Spouse's Name: _____

Spouse SSN: _____ Spouse Date of Birth: _____

Spouse Employer: _____

Spouse Employer Address: _____
Street City, State, Zip

Spouse Work Phone: _____ Work Fax: _____

NAME OF EMERGENCY CONTACT: _____

Home phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Address: _____
Street City, State, Zip

Relationship to Patient: _____

Do you have a **LIVING WILL** or **DO NOT RESUCITATE AGREEMENT**? YES NO

*If yes, please bring a copy to your first appointment.

*If no, the doctors will be very willing to discuss this with you during your appointment.

Closest Relative or Friend (not living with you):

Name: _____ Relationship: _____
Address: _____
Street City, State, Zip
Home phone: _____ Work Phone: _____
Cell Phone: _____ Fax: _____

PRIMARY INSURANCE COVERAGE (INCLUDING MEDICARE OR MEDICAID)

Name of Insured: _____ Relationship to Patient: _____
Name of Insurance Carrier: _____
Policy/ID Number: _____ Group Number: _____
Phone number for benefits verification: _____
Are you required by your insurance to obtain a referral from your primary care physician to have services performed by our physicians? YES NO
If yes, did you obtain the referral from your primary care physician? YES NO

ADDITIONAL INSURANCE COVERAGE (INCLUDING MEDICARE OR MEDICAID)

Name of Insured: _____ Relationship to Patient: _____
Name of Insurance Carrier: _____
Policy/ID Number: _____ Group Number: _____
Phone number for benefits verification: _____

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One of our physicians has less than 5% interest in the Tyler P.E.T. Imaging Institute, L.P. and our physicians may, on occasion, based on medical necessity, refer patients to that facility.