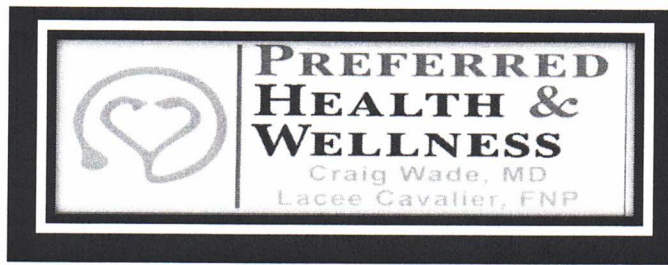


1011 Verret Street  
Houma, LA 70360  
(985) 293-2300



Account #: \_\_\_\_\_

**\*\*\*\*PATIENT INFORMATION\*\*\*\***

Patient Name: \_\_\_\_\_ Suffix: Jr./Sr. \_\_\_\_\_  
Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M OR F (Circle one)  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_  
Preferred Contact Method: Home  Cell  Work  Cell Carrier: \_\_\_\_\_  
Language: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: Hispanic OR Non-Hispanic (circle one)  
Marital status: Married Single Widowed Divorced (circle one)  
Student: Full Part-Time (circle one) Employer: \_\_\_\_\_  
Employment Status: Full-Time Part-Time Self Employed Retired Disabled Unemployed Military Active  
Is Visit due to Work Related Injury? If yes, Date of Injury: \_\_\_\_\_  
Pharmacy: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*\*\*INSURANCE INFORMATION\*\*\*\***

Insurance Company : \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_  
Relationship to Policy Holder:  Self  Spouse  Child  Other  
Policy Holder Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Sex:  M OR  F Employer: \_\_\_\_\_

**\*\*\*\*EMERGENCY CONTACT INFORMATION\*\*\*\***

Contact/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ HIPPA   
Contact/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ HIPPA   
Contact/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ HIPPA   
Contact/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ HIPPA

If you refuse to have anyone listed on your medical release for information (HIPPA),

Please check the box and sign below

Signature: \_\_\_\_\_

I hereby authorize the above listed insurance company to pay directly to Preferred Health & Wellness benefits due me. If any, as provided in the above unexpired policy. I will pay all charges in excess of whatever sums may be paid. I authorize Preferred Health & Wellness and to release information to the insurance company for my claims to be paid. Please attach copy of insurance card.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_