

WELCOME TO OUR PRACTICE!

Drs. Seal & Hildebrand

1042 E Third Street #102 • Chattanooga, Tennessee 37403

Phone: (423) 265-1651 • Fax: (423) 756-0050

Date: _____ Chart #: _____ SSN: _____

Full Legal Name _____ Age: _____

Address _____

City _____ State _____ Zip _____

E-mail address _____

Home # (____) _____ Cell # (____) _____ Work# (____) _____

Sex: Male Female DOB: _____ Marital Status: M S D W

Spouse's Name _____ Phone: (____) _____

Spouse's DOB: _____ Spouse's Employer: _____

Race: White Black Asian Native American Indian Other: _____ Not Stated

Ethnicity: Hispanic/Latino Other _____

Language: English Spanish Other _____

Employment Status: Employed Unemployed Disabled Retired Full / Part time Student

Employed by: _____

Emergency Contact Information: Name: _____

Phone #: (____) _____ Relationship: _____

Consent to allow access to protected health information: I consent for Drs. Seal & Hildebrand to contact me to disclose my protected health information to the emergency contact identified above. I may revoke consent at any time by giving written notice.

Signature of patient / Legal Guardian

Date

Authorization & Release: I authorize the release of any information concerning my/my child's health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits. I also authorize payment of surgical or medical benefits to Drs. Seal & Hildebrand. I understand I am responsible for charges not covered by insurance, including copays and refraction fee. Photocopy of this authorization is as valid as the original.

Signature of Patient / Legal Guardian

Date

Please turn to reverse side and complete information if patient is under 18 years of age

Please complete if patient is under 18 years of age

Father/Legal Guardian: _____ *DOB:* _____

SSN: _____ *Contact Phone# ()* _____

Address: _____

Employer: _____ *Phone # ()* _____

Mother/Legal Guardian: _____ *DOB:* _____

SSN: _____ *Contact Phone# ()* _____

Address: _____

Employer: _____ *Phone # ()* _____