

Naturally Healthy Family Medicine

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PATIENT INFORMATION FORM

In order to help us provide you the best possible care, please complete this form and bring it to your first appointment.

All information is strictly CONFIDENTIAL.

Patient Data			
First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Date:	<input type="text"/>	Email:	<input type="text"/>
Your email will NOT be shared with any 3 rd parties and is used for occasional office announcements, promotions, and newsletters only.			

Mailing address and other information			
Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Zip:	<input type="text"/>
Telephone (best number for reminder calls):	<input type="text"/>	Secondary number:	<input type="text"/>
Age:	<input type="text"/>	Birthdate:	<input type="text"/>
Number of children:	<input type="text"/>		
If dependent, parents' or guardians' names:	<input type="text"/>		
Occupation of Patient:	<input type="text"/>	Employer:	<input type="text"/>
Marital Status:	<input type="text"/>	Spouse's Name:	<input type="text"/>
Spouse's Occupation:	<input type="text"/>		

Information about family, friends, or other people you LIVE WITH			
	Name	Age	Other information
Spouse of patient			
Children or siblings			
Parents			
Other			
Other			

How did you find out about our office?
Your main reason for coming to our office at this time:
Other reasons you came to this office:
Allergies:
Other information we should know about:

Current Medications (or attach a separate piece of paper)			
Name of medication	Dose	Frequency	Do you take as directed?

Signature of Responsible Party: _____ Date: _____

About Financial Arrangements and Medical Insurance: We are committed to providing you with the best care possible. If you have medical insurance that may cover visits with Dr. Hall, we would like to utilize that for you so that you will receive maximum benefits. Payment for services is due at the time the services are rendered, unless other payment arrangements have been approved in advance by our office. We accept checks, cash or credit cards (VISA, MasterCard, and Discover only). If you have medical insurance, then you will only be responsible for the amount that will not be reimbursed to us by your insurance policy. At this time, most Blue Cross and Blue Shield plans will reimburse our patients instead of us, but we are able to submit the claims for you. The same is true of some other insurance companies, including Medicare. We are not participating providers in any insurance plan, but would be covered if you have a PPO, a POS, or other plan that allows you to go to out-of-network providers.