



2421 Worth St
Hemphill, Tx 75948
Phone:409-787-1416
Fax: 409-787-1419

PATIENT INFORMATION

(PLEASE PRINT)

Patient Name: _____

DOB: _____ Social Security Number: _____ Male / Female

Address: _____ City: _____ State: _____

Phone Number: _____ Phone Number: _____

Marital Status: SINGLE _____ MARRIED _____ DIVORCED _____ WIDOWED _____

Race: _____ Ethnicity: Not Hispanic or Latino: _____ Hispanic or Latino: _____ Other: _____

Preferred Language: _____ Email: _____

GUARANTOR/RESPONSIBLE PARTY

Name: _____ DOB: _____ Relationship: _____

Address: _____ City: _____ State: _____

Phone Number: _____ Alternate Phone #: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____ Phone Number: _____

INSURANCE INFORMATION

Primary Insurance: _____

Member ID: _____ Group Number: _____

Secondary Insurance: _____

Member ID: _____ Group Number: _____