



*Better Sleep, Better Health, Better Life*

## Patient Information

(if patient is a minor, complete next page)

Referring Physician \_\_\_\_\_

Patient Full Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone with area code (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_

Sex:  M  F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed  Other Email Address \_\_\_\_\_

Race:  Hispanic  Black or African American  White  American Indian or Alaskan Native  Asian  Native Hawaiian

Other Pacific Islander  Other Race  Choose not to report

Ethnicity:  Hispanic  Non-Hispanic  Choose not to report

Language:  English  Indian (Hindi/Tamil)  Spanish  Russian  Other \_\_\_\_\_

Employer: Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone: (\_\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Who should be notified in case of emergency? \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **INSURANCE INFORMATION (MUST BE COMPLETED)**

**PRIMARY INSURANCE:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

#### **Policy Holder Information (if different):**

Policy Holder Name: \_\_\_\_\_ Policy Holder Phone (\_\_\_\_\_) \_\_\_\_\_

Policy Holder SS#: \_\_\_\_\_ Policy Holder DOB \_\_\_\_\_

**SECONDARY INSURANCE NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Policy # : \_\_\_\_\_ Group #: \_\_\_\_\_

#### **Policy Holder Information (if different)**

Policy Holder Name: \_\_\_\_\_ Policy Holder Phone #: (\_\_\_\_\_) \_\_\_\_\_

Policy Holder SS# \_\_\_\_\_ Policy Holder DOB: \_\_\_\_\_



**Advanced  
Sleep Centers**

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## **Guardian Information (if patient is a minor)**

**Guardian's Name:** \_\_\_\_\_ **Sex:**  Male  Female

**Marital Status:**  Married  Single  Divorced  Widowed  Other **Email Address** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone with area code (\_\_\_\_\_)** \_\_\_\_\_ **Mobile Phone: (\_\_\_\_\_)** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Employment (If applicable):** \_\_\_\_\_ **Business Phone: (\_\_\_\_\_)** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_