



# PARADISE VALLEY OBGYN

AOA family of obgyn physicians

**10261 N. 92<sup>nd</sup> Street  
Scottsdale, AZ 85258  
480-443-4437**

DATE: \_\_\_\_\_

PLEASE PRINT FULL DETAILS IN BLACK INK

This information will help the Doctor serve your health needs effectively.

### PATIENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status (Circle one): S M D W

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Bus #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation (Indicate if Student): \_\_\_\_\_

Employer's Address: \_\_\_\_\_ How long Employed \_\_\_\_\_ Religion: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ PCP Phone #: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone#: \_\_\_\_\_ Address: \_\_\_\_\_

Race: \_\_\_\_\_ Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

### INSURED PARENT/SPOUSE INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN of Insured: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Bus #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation (Indicate if Student): \_\_\_\_\_

Employer's Address: \_\_\_\_\_ How long Employed \_\_\_\_\_

Whom should we contact in case of emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Bus #: \_\_\_\_\_ Address: \_\_\_\_\_

### CONSENT FOR TREATMENT/INSURANCE AUTHORIZATION & ASSIGNMENT

I or my representative, recognizing the need for care, consent to all and any services as ordered by my physician, including, but not limited to, laboratory tests, medical or surgical treatment, examination and other services rendered under the specific instructions of my physician. I authorize and request that payments under my medical insurance programs be made directly to the above provider for any services furnished to me. I consent to have my chart reviewed by my health insurance company, if necessary, as well as my physician's malpractice insurance company. I further permit copies of this authorization to be used in place of the original.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_