

Covenant Health Convenient Care-Downtown

418 South Gay Street, Suite 103, Knoxville, TN 37902
Main Phone 865 525-4520
Fax 865-525-4920

Date: _____

PATIENT INFORMATION

Name (Last, First, Middle):		SSN#	Birthdate	Age	Sex
Mailing Address		City, State, Zip			
Home Phone	Cell Phone	Email Address			
Race (Circle Answer): African American, Alaskan Native, Asian, French, German, Greek, Hawaiian, Hispanic, Indian, Multi-Racial, Native American Indian, Pacific Islander, White					Language
Emergency Contact Name		Emergency Contact Phone #s			
		Hm:	Cell:		
Employer Name and Address				Work Phone #	
How did you learn about our office? Please circle one.					
Insurance	Newspaper Ad	Patient Referral	Physician Referral	Previous Patient	Hospital Referral
Internet	Self-Referral	Yellow Pages	Other:		

If patient is a minor, please fill out this portion

Parent or Guardian's Name:		Parent or Guardian's Phone #s			
		Hm:	Wk:	Cell:	

RESPONSIBLE PARTY INFORMATION (if different from above)

Name (Last, First Middle)		SSN#	Birthdate	Sex
Address		City, State, Zip		
Home Phone	Cell Phone	Work Phone	Relationship to patient	

PRIMARY INSURANCE

Name of Insurance Company	Name of Insured	Address of Insured (if different than address above)		
Insured's Birthdate	Insured's SSN #	Insured's Insurance ID #	Relationship to patient	

SECONDARY INSURANCE (if applicable)

Name of Insurance Company	Name of Insured	Address of Insured (if different than address above)		
Insured's Birthdate	Insured's SSN#	Insured's Insurance ID #	Relationship to patient	