

## 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 ( <b>Circle Answer</b> ): 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	