

**St. Luke's Cancer Care Associates**  
**Personal Information - Surgical Oncology**

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Patient's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_  
Name you prefer to be called \_\_\_\_\_ Social security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Home Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Name of Spouse \_\_\_\_\_

In case of emergency, who should be notified? \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship to above? \_\_\_\_\_

Are you currently?  Employed  Unemployed  Retired  Disabled

Name of employer \_\_\_\_\_ Present Position \_\_\_\_\_

Do you have medical insurance through this employer?  Yes  No

Insurance Co. Name \_\_\_\_\_ Group # or ID # \_\_\_\_\_

Referring Physician name \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Family Physician name** \_\_\_\_\_ **Phone #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please list other physicians who we should keep informed of your care.

Dr. \_\_\_\_\_ Specialty \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Dr. \_\_\_\_\_ Specialty \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Authorization and Releases:**

**I authorize payment of medical benefits to St. Luke's Cancer Care Associates for services described. I authorize release of medical information necessary to process this claim; I also request payment of authorized Medicare/other Insurance benefits either to myself or to the party that accepts assignment. I also authorize St. Luke's Cancer Care Associates to release and/or obtain any medical information accumulated in the course of my examination or treatment to/from any other Doctor, hospital or nursing home for the purpose of my continuing medical care.**

\_\_\_\_\_ Date \_\_\_\_\_  
*Signature of patient/guardian*

**If the doctor needs to inform you of any results, how would you like to be notified?**

ASAP, even if it means over the telephone.  In our office during the next available visit.

**Would you want other family members present at that time?**  Yes  No

**If yes, whom?** \_\_\_\_\_