

# Cancer Care Associates, Medical Oncology

Today's Date: \_\_\_\_\_

(Please Print)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female  
SS# : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status:  Single  Married,  Widowed,  Divorced

Street: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's DOB: \_\_\_\_\_

Spouse's SS# : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

*(Other than spouse)*

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Drugstore Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dr. \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Dr. \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

## 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? \_\_\_\_\_