SUSAN LITTLE-JONES M.D., P.C.
35200 Dequindre Rd., Suite 600, Sterling Heights, MI 48310 Office (248) 844-0315 Fax (248) 844-0320

PATIENT INFORMATION

Name: _____ Age:_____ Date of Birth:_____

First MI Last

Address: _____ City: _____Zip: _____

Home Phone# _____ Cell Phone #: _____

Social Security #: _____ Sex: M_____ F_____ Marital Status: M W D S

Patient's Employer: _____ Work Phone #: _____

Address: _____ City: _____ Zip: _____

Patient's Spouse:_____ Work Phone #: _____

Spouse's Employer: _____

Emergency Contact: _____ Phone #:_____

INSURANCE INFORMATION

Primary Insurance: _____ **Name of Subscriber:** _____

Policy, ID or Member ID#: _____ **Group #:** _____

Subscriber's Employer: _____ **Date of Birth:** _____

Subscriber's Social Security #: _____ **Relationship to Subscriber:** _____

Secondary Insurance: _____ Name of Subscriber: _____

Policy, ID or Member ID#: _____ Group #: _____

Subscriber's Employer: _____ Date of Birth: _____

Subscriber's Social Security #: _____ Relationship to Subscriber: _____

ETHNICITY: NOT HISPANIC OR LATINO HISPANIC OR LATINO (PLEASE CIRCLE ONE)

PREFERRED LANGUAGE: _____

RACE: WHITE BLACK OR AFRICAN AMERICAN AMERICAN INDIAN/ALASKA NATIVE
HAWAIIAN OR PACIFIC ISLANDER ASIAN PLEASE CIRCLE CORRECT RESPONSE

THIS INFORMATION IS NOTE TO PATIENTS UNDER THE AGE OF 18: YOU MUST HAVE THE CONSENT OF A PARENT OR LEGAL GUARDIAN BEFORE YOU CAN BE SEEN AND TREATED IN THIS OFFICE.

THIS IS TO CONFIRM THAT I GIVE MY PERMISSION TO HAVE _____, A MINOR, EXAMINED AND TREATED. I UNDERSTAND THAT THIS EXAM COULD INCLUDE A COMPLETE PHYSICAL, AS WELL AS BIRTH CONTROL INFORMATION AND TREATMENT.

_____ _____

PARENT OR LEGAL GUARDIAN SIGNATURE DATE

IN ORDER TO SUBMIT A CLAIM FOR SERVICES COVERED UNDER YOUR POLICY, WE MUST HAVE YOUR AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO YOUR INSURANCE CARRIER. THE PATIENT, PARENT OR LEGAL GUARDIAN'S SIGNATURE AUTHORIZES THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS OUR CLAIM.

_____ _____

PATIENT OR LEGAL GUARDIAN SIGNATURE **DATE**