

**Patient Information Form**

**Dr. Richard J Strauch  
2-B Wain Street  
Wellsboro, PA 16901  
(570) 724-4042  
www.dstrauch.com**

Are you a referral?   Y     N   Reason For Visit: \_\_\_\_\_

If yes, by whom? \_\_\_\_\_ How Did You Hear About Us? \_\_\_\_\_

**Patient information:**

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
(first) (initial) (last)

Address: \_\_\_\_\_ ZIP \_\_\_\_\_  
(street) (city) (state)

Social Security #: \_\_\_\_\_

Marital Status: M S D W Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

.....

Do You Have Insurance?:   Y     N  

If Yes, Primary Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_

Insured Name \_\_\_\_\_ Social Security: \_\_\_\_\_

Secondary Insurance?:   Y     N   If Yes, Insured Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

\*\*\*\*\*

**Medical History:**

Do You Have Any Allergies? (Drugs, Food, Hayfever, Other) \_\_\_\_\_

List Any Medications You Are Taking: \_\_\_\_\_

Describe Any Conditions We Should Know About \_\_\_\_\_

Do You Have High Blood Pressure? \_\_\_\_\_ Diabetes? \_\_\_\_\_