



The Midwifery Group at Swedish
 601 E. Hampden Ave., Suite 465
 Englewood, CO 80113
 P: 303-761-8358
 F: 303-761-8401

PATIENT DEMOGRAPHICS

Today's Date : _____

PATIENT INFORMATION

(Legal) Last Name _____ First Name _____
 Date of Birth _____ Age at today's Visit _____
 Street Address _____ City _____
 Zip Code _____ Home Phone _____
 Cell Phone _____ SS # _____
 Pharmacy Phone: _____ County: _____
 Employer _____ Work Phone _____
 Spouse / Sig Other _____ Spouse / S.O. Phone _____
 County: _____ Email Address _____
 Reason for visit (circle): Routine | Pregnant | GYN Estimated Due Date *(if known)* _____

RESPONSIBLE PARTY (who should receive the bill)

Name _____ Phone _____
 Street Address _____ City _____ Zip _____
 SS# _____ Date of Birth _____
 Employer _____ Work Phone _____
 Relationship to Insured / Responsible party (Circle One) : Self | Spouse | Child | Other: _____

INSURANCE INFORMATION (We will need to make a copy of your card and your ID)

Primary Insurance _____ Secondary Insurance _____
 ID / Policy Number _____ ID / Policy Number _____
 Group Number _____ Group Number _____
 Claims Address _____ Claims Address _____
 City / State / Zip _____ City / State / Zip _____

CONSENT FOR TEST RESULTS

I give The Midwifery Group at Swedish permission to leave all radiological, lab results, testing results, and other medical information and advice on: (circle any / all that apply)

Answering Machine at home | Cell Phone voice-mail | Work voice-mail

Other number: _____ | Do Not leave any messages at any numbers

HOW DID YOU HEAR ABOUT US?

Healthcare Provider (name) _____ Other Patient (name) _____
 Internet Search (site name) _____ I am a returning patient to this practice _____
 Insurance Co (name) _____ Other _____

Signature _____ **Date** _____