



# UNITED GASTROENTEROLOGISTS

## Patient Information

Patient Name: \_\_\_\_\_ Sex: M F

D.O.B \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Order preference to contact you? Please list below

1. \_\_\_\_\_ Morning Afternoon Evening Anytime

2. \_\_\_\_\_ Morning Afternoon Evening Anytime

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

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary care physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## Primary Insurance Information

Insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Policy holder: \_\_\_\_\_ Relationship to holder \_\_\_\_\_

## Secondary Insurance Information

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Policy holder: \_\_\_\_\_ Relationship to holder \_\_\_\_\_

Reason for your visit: \_\_\_\_\_

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How did you hear about United Gastroenterologists?

\_\_\_\_ Physician Referral \_\_\_\_ Social Media \_\_\_\_ Email \_\_\_\_ Other \_\_\_\_\_

Interested in Receiving Our Newsletter? YES \_\_\_\_\_ NO \_\_\_\_\_

Let us know whether you'd like to receive our:

\_\_\_\_ Newsletter

\_\_\_\_ Healthcare Updates

\_\_\_\_ Both, via email

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

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Staff use only

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