ONCOLOGY SPECIALISTS OF CHARLOTTE, PA

Welcome ☺ Please fill out the items on this form and return to the Front Desk. Thank You!

Date _____ Account # [office use only] _____

Reason for Visit _____

Patient Information

□Mr. □Mrs. □Ms. □Miss □Married □Single □Divorced □Widowed

Last _____First _____ Middle _____

Maiden Name _____ Preferred Name _____

Social Security # _____-_____-_____ Date of Birth _____ Sex: □M □F

Race: □American Indian or Alaska Native □Asian □Black or African American
□Native Hawaiian or Other Pacific Islander □White

Ethnicity: □Hispanic or Latino □Not Hispanic or Latino

Home Phone _____ Cell Phone _____

Street _____ City _____

State _____ Zip _____

Email: _____

□Employed □Retired Employer _____ Work Phone _____

Do you currently live in a nursing home or assisted living? □Yes □No

Are you currently enrolled in Hospice Care? □Yes □No

If Yes, effective date _____ Name of Hospice Care_____

Emergency Contact

Emergency Contact Name_____ Relation _____

Phone _____ Cell Phone _____

Physician, Pharmacy

Referring Doctor _____ Phone _____

Primary Physician _____ Phone _____

Pharmacy _____ _____ Phone _____

Insurance Information

Primary Insurance_____ Policy Holder's Name _____

Relation: □Spouse □Child Date of Birth_____ Is this a COBRA Plan? □Yes □No

ID # _____ Group # _____ Copay $_____

Secondary Insurance_____ Policy Holder's Name_____

Relation: □Spouse □Child Date of Birth_____ Is this a COBRA Plan? □Yes □No

ID # _____ Group # _____ Copay $_____

Advance Directives

Do you have a Living Will ? □Yes □No

A Living Will is a legal document detailing one's wishes regarding medical treatment in circumstances in which you are no longer able to express informed consent.

Do you have a Durable Power of Attorney? □Yes □No

A Durable Power of Attorney is a person who is appointed to handle your health, legal and financial affairs as outlined in a legal document, should you become incapacitated.