

# GASTROINTESTINAL ASSOCIATES, P.C.

## PATIENT INFORMATION RECORD

Bergein F. Overholt, MD, FACP, MACG, FASGE  
 Barry V. Maves, MD, FACC  
 Sarkis J. Chobanian, MD, FACP, MACG  
 Charles M. O'Connor, MD, FACC  
 J. David Lee, MD, FACC

Meade C. Edmunds, MD, FACC  
 John M. Haydek, MD, FACP, FACC, AGAF, FASGE  
 Maria B. Newman, MD, Diplomate ABIM  
 Raj I. Narayani, MD, FACC, FASGE  
 Steven J. Bindrim, MD, Diplomate ABIM

Date \_\_\_\_\_ SS# \_\_\_\_\_ Age \_\_\_\_\_

Name: Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Miss \_\_\_\_\_ Last First MI  
 Ms. \_\_\_\_\_

Address: \_\_\_\_\_  
 Street Address (required) P.O. Box  
 \_\_\_\_\_  
 City State Zip County

Telephone: Home \_\_\_\_\_ Employer \_\_\_\_\_  
 Work \_\_\_\_\_ Employer Address \_\_\_\_\_  
 Cell \_\_\_\_\_

Patient's Date of Birth \_\_\_\_\_

Patients's E-mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Sex: Male  Female   
 Marital Status: (check one)  
 Married  Single  Widowed  Divorced  Legally Separated  Other

Spouse: Name \_\_\_\_\_ DOB: \_\_\_\_\_  
 Employer \_\_\_\_\_

Race: (check one)  White / Caucasian  Native Hawaiian / Other Pacific Islander  American Indian or Alaskan Native  
 Black / African American  Asian  More than one race  Pt. declines or unavailable  
 Ethnicity:  Not Hispanic  Hispanic or Latino

Preferred Language \_\_\_\_\_

Referred by: Doctor \_\_\_\_\_ Address \_\_\_\_\_  
 Friend \_\_\_\_\_ Newspaper \_\_\_\_\_ Other \_\_\_\_\_  
 (specify)

Primary Care Physician \_\_\_\_\_

### Insurance Information

Primary insured's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Primary insured's insurance company \_\_\_\_\_  
 Primary insured's ID number \_\_\_\_\_ Group # \_\_\_\_\_  
 Secondary insured's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Secondary insured's insurance company \_\_\_\_\_  
 Secondary insured's ID number \_\_\_\_\_ Group # \_\_\_\_\_

Do you have a Living Will or Advance Directives for Healthcare? \_\_\_\_\_

If yes, where is the document located? \_\_\_\_\_

Do you have a Durable Power of Attorney for Healthcare? \_\_\_\_\_

If yes, where is the document located? \_\_\_\_\_

Would you like information regarding a living will? \_\_\_\_\_