****206 Sea Island Parkway, Suite 31, Beaufort, SC 29907

843.522.0655

**thebeaufortsound.com**

PATIENT INFORMATION AND CONTACT AUTHORIZATION FORM

Patient Name Today’s Date If patient is under the age of 18, Name of Parent or Guardian Date of Birth Patient’s SSN - - Sex  Male  Female Mailing Address Secondary Address Home Phone Number Cell Phone  iPhone  Android  Other

Work Phone Email Address Preferred Method of Contact  Home Phone  Work Phone  Cell Phone  Email  Mail

Occupation Marital Status  Married, Spouse Name  Single  Widowed  Divorced  Domestic Partner Emergency Contact Phone Relationship to Patient Primary Care Physician Phone

How did you hear about us?

* Website
* Newspaper Ad
* Sponsored Event
* Promotional Call
* Health/Senior Fair
* Radio
* Insurance
* Employer
* Mail
* Yellow Pages
* Referred by Friend
* Referred by Physician
* Other

Reason for Appointment

Check your preferred method of receiving appointment or clinic information from us.

* Letter  Email  Text

Signature of patient, parent or guardian Date