

Shadid Plastic Surgery Associates

13820 Wireless Way ≈ Oklahoma City, OK 73134
(405) 755-4451 ≈ (800) 593-4451

Date: _____

Personal Information

Last Name: _____ First: _____ MI: _____

Former Name: _____

Nick Name: _____ Email: _____

SSN: _____

DOB: _____

Sex: Male Female

Marital Status: Single Married Divorced Widowed Legally Separated

Race: White/Non-Hispanic American Indian/Alaskan Asian Black/Non-Hispanic Multi-racial Hispanic

Religion: _____ Church: _____

Referring Provider: _____

Present Address

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Country: _____

Permanent Address

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Perm Phone: _____ Alt. Number: _____ Country: _____

Employer Address

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax: _____

Occupation: _____ Country: _____

Emergency Contact

Relationship: _____ Nickname: _____

Last Name: _____ First: _____ MI: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Country: _____

Consent to Communicate Test Results and Other Medical Records Information

	Use Pt ID	OK to leave Voicemail	OK to leave message with another person	Preferred Method	Best time to call
<input type="checkbox"/> Call Work Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Call Cell Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Call Home Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Send Email	<input type="checkbox"/>	<input type="checkbox"/> OK for appt reminder?	<input type="checkbox"/> Ok for medical or addit. scheduling information?	<input type="checkbox"/>	
<input type="checkbox"/> Send Regular Mail	<input type="checkbox"/>	Mail to: <input type="checkbox"/> Present <input type="checkbox"/> Permanent <input type="checkbox"/> Employer <input type="checkbox"/> Responsible Party			