

10031 Sherrill Blvd | Knoxville | TN 37932 | p: 865.540.1650 | f: 865.246.4755

APPOINTMENT DATE _____

CHART# _____

PATIENT INFORMATION

PATIENT NAME _____ DATE OF BIRTH _____

(FIRST)

(MIDDLE)

(LAST)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PH (_____) _____ WORK PH (_____) _____ CELL PH (_____) _____

M _____ F _____ SS# _____ EMPLOYER _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Race: American Indian/Alaska Native _____ Asian _____ Black/African American _____
Nat Hawaiian/Pacific Islander _____ White/Caucasian _____ Hispanic/Latino _____ Other Race _____ Declined _____

EMAIL ADDRESS _____

— We use an E-scribe system that enables us to send your prescriptions directly to your pharmacy before you leave the office. In order for us to do this we must have the following information: —

PHARMACY NAME _____ PHONE (_____) _____

PHARMACY ADDRESS _____

How would you prefer our office to confirm your appointments? VOICE _____ TEXT _____ EMAIL _____

NAME OF SPOUSE OR PARENT (IF UNDER 18 YRS OLD – MUST BE THE PARENT WHO HOLDS INSURANCE COVERAGE)

_____ DOB _____ SS# _____

HOME PH (_____) _____ WORK PH (_____) _____ CELL PH (_____) _____

ADDRESS (IF DIFFERENT FROM PATIENT) _____

SPOUSE/PARENT EMPLOYER _____

ALTERNATE CONTACT (IF UNABLE TO CONTACT PATIENT/SPOUSE/PARENT AT NUMBERS LISTED ABOVE)

NAME _____ RELATIONSHIP _____

HOME PH (_____) _____ WORK PH (_____) _____ CELL PH (_____) _____

WHO IS YOUR FAMILY DOCTOR? _____ PHONE (_____) _____

HOW DID YOU HEAR ABOUT OUR OFFICE? _____

**COPAYS FOR MEDICAL SERVICES ARE DUE AT TIME OF SERVICE.
PLEASE BRING YOUR INSURANCE CARD TO EVERY VISIT.**

Thank you for choosing Contemporary Women's Health!
Kimberly Roberts, MD, F.A.C.O.G. Ceecy Yang, MD, F.A.C.O.G. Jennifer Brantley, MD
Donna Dossett, WHNP-C Brynn Whitworth, WHNP-C
Autumn Galbraith, WHNP-C