

St Luke's Medical Practice

334 Mill Creek Rd, Carthage, NC 28327
Phone (910) 725-0809 Fax (910) 725-2018

Patient Information

Last Name _____ First Name _____ MI _____

Preferred Name _____ Suffix _____

Sex: Male Female DOB _____

Address _____

City _____ State _____ ZIP Code _____

Home Phone _____ Mobile _____ Work _____

Consent to Text: (Appointment reminders) Yes No

Consent to Call: Yes No

Contact Preference: Phone Email Text

Patient Email _____

Language _____ Race _____ Ethnicity _____

(I decline to provide)

Marital Status: Single Married Divorced Widowed

Next of Kin/Emergency Contact/Guardian

Last Name _____ First Name _____ MI _____

Relationship _____

Home Phone _____ Mobile Phone _____

Guarantor/Responsible Party (To Whom Statements Are Sent) If Self, Skip to Insurance

Last Name _____ First Name _____ MI _____

Sex: Male Female DOB _____

Address _____

City _____ State _____ ZIP Code _____

Home Phone _____ Mobile Phone _____

Patient's Relationship to Guarantor _____

Primary Insurance

Insurance Plan Name _____

Name of Policy Holder _____ Relation to Patient _____

Policy ID # _____ Group # _____

Insurance Address _____

Insurance Phone Number _____

Primary Care Office Visit Co-Pay \$ _____

Secondary Insurance

Insurance Plan Name _____

Name of Policy Holder _____ Relation to Patient _____

Policy ID # _____ Group # _____

Insurance Address _____

Insurance Phone Number _____

Pharmacy

Pharmacy Name _____

Address _____

Phone Number _____