

NEUROSURGICAL SPINE SPECIALISTS™
R. Blaine Rawson, M.D.
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Petoskey, MI 49770
(Phone) (231) 487-5837 / (Fax) (231) 622-8771

Date: _____

- New Patient
 Established Patient (Date of last appointment (if known): ____/____/____)

Patient Name: _____ Date of Birth: ____/____/____ Male Female

Home Address: _____
Street Address (include PO Box/Apt. #s) City State Zip Code

Phone #: (____) _____ Cell or Other Ph #: (____) _____

Permission to leave message on Home phone/Cell phone: (Circle one) Brief message Extended message Yes No

SS# _____ - _____ - _____ Retired: Yes No Marital Status: M S D W

Email (for Patient Portal): _____

Ethnicity: Hispanic/Latino Non-Hispanic/Latino Decline to Answer Unknown
Race: Asian Native American African American / Black Caucasian / White Decline to Answer Other
Language: English Spanish Other: _____

Primary Care Physician: _____ Ph #: (____) _____

Pharmacy: _____

Employer Name: _____ Ph#: (____) _____

Responsible Party: _____ Relationship: _____ (Mother/Father/Spouse/Guardian, Other)

Name of Friend/Relative/Neighbor: _____ Ph#: (____) _____

Is This a Work Related Injury? Yes No (If yes, please request workmen's compensation information form. This is a must for billing purposes. If not authorized you may be liable for the visit)
Have you ever filed a Work Comp claim: Yes No (If yes, please list below)

Is This an Auto Related Injury? Yes No (If yes, please request auto insurance information form. This is a must for billing purposes. If not authorized you may be liable for the visit)

1ST INSURANCE COMPANY: _____

Contract #: _____ Group #: _____

Address: _____
Street Address (Include PO Box) City State Zip Code

Subscriber: _____ Date of Birth: ____/____/____

2ND INSURANCE COMPANY: _____

Contract #: _____ Group #: _____

Address: _____
Street Address (Include PO Box) City State Zip Code

Subscriber: _____ Date of Birth: ____/____/____
