

THE KAGEN ALLERGY CLINIC, S.C.

PATIENT INFORMATION

Name _____ Date of Birth ___/___/_____ Sex: F M

Address _____
Street City State Zip

Phone (H) (____) _____ (C) (____) _____

Marital Status: S M D W Social Security Number _____ - _____ - _____

Employer _____ Employer Phone (____) _____

Family Physician _____

Address _____ Phone (____) _____

MEDICAL INFORMATION

What allergy problems do you have? _____

How long have you had this (these) problems? _____

Have you ever had allergy tests? **Yes No** If so, when? _____

Have you ever had allergy shots? **Yes No** Start Date: _____ Stop Date: _____

Where did you receive these injections? _____

Do you have Pets? **Yes No** What kind? _____

Do you smoke? **Yes No**

Other present or past (non-allergic) medical problems: _____

INDIVIDUAL RESPONSIBLE FOR PAYMENT

Name: _____ Relationship to Patient: _____

Address: _____
Street City State Zip

Phone (H) (____) _____ Phone (C) (____) _____

INSURANCE

Insurance Company: _____

Insurance Company Address: _____

Subscriber Number _____ Group Number _____

Individual Carrying Insurance _____ Relationship to Patient _____

Address (if different from above) _____
(Street City State Zip)

Phone (____) _____ Social Security Number _____ - _____ - _____

Date Birth ____/____/____ Sex: F M

Employer _____ Phone (____) _____

I hereby authorize my insurance benefits to be paid directly to The Kagen Allergy Clinic S.C. realizing I am personally responsible for payment of any and all non-covered services, and thereby I authorize the release of pertinent medical information to insurance carriers. In the absence of insurance coverage, I understand I am responsible for all charges incurred. I understand allergy tests may result in itching, swelling, difficulty breathing or life threatening systemic reactions, which may require adrenaline or other emergency treatments to prevent death, and I hereby accept any and all risks associated with said tests.

Patient or Guardian Signature

Date

Kagen Allergy Clinic Staff Signature

Date