



**CULLMAN
REGIONAL**
Cardiology Clinic

1912 Alabama Highway 157
Cullman, AL 35058
(256) 737-2095
Fax: (256) 737-2097
CullmanRegional.com

Patient Information

Today's Date: _____

Full Legal Name (Last, First, Middle) _____

Social Security #: _____ **Date of Birth** _____ **Driver's License #:** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone: _____ **Patient's Cell Phone:** _____

Email Address: _____

Race: Caucasian/White Black Hispanic Asian American Indian Other _____

Ethnicity (select one): Non-Hispanic/Latino Hispanic/Latino

Language: _____ **Marital Status:** _____ **Maiden Name (if applicable):** _____

Employer: _____ **Work Phone#** _____

Primary Physician _____ **Phone#** _____

Emergency Contact

Name: _____ **Phone** _____ **Relationship to Patient:** _____

Insurance Information

Plan Name: _____ **Policy#** _____

Subscriber Name: _____ **Date of Birth:** _____

Effective Date: _____ **Group #** _____

Patient Spouse Information

Name _____ **Date of Birth** _____ **Social Security #** _____

Employer _____ **Phone** _____

Parent/Guardian Information, if patient is minor

Name _____ **Social Security #** _____

Date of Birth _____ **Employer** _____

Guarantor Information

(list person or insured name responsible for bill – use full legal name, no nicknames)

Relationship to Guarantor to Patient: Self Spouse Parent Other _____

Full Legal Name of Guarantor (Last, First, Middle) _____

Social Security #: _____ Date of Birth _____ Age: _____ Sex: Male Female

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Patient's Cell Phone: _____

Email Address: _____

Employer: _____ Work Phone# _____

Employer Address _____ City _____ State _____ Zip _____

How did you hear about us?

Physician Referral Friend/relative Advertisement Other _____

Patient Signature: _____ Date: _____

Guarantor Signature: _____ Date: _____