Dr Douglas C Shoenberger, PC 101 S Main Street, Suite 101, Coopersburg, PA 18036Ph: 610.282.1170

Patient Name: _____ SS #: _____ Ok to leave msg?

Address: _____ Home #: _____ Y N

_____ Work #: _____ Y N

Date of Birth: _____ Cell #: _____ Y N

Email address: _____

Is this patient a child? Y N ***If yes, who is the financially responsible party?***

Name: _____ DOB: _____ SS #: _____ Relationship: _____

Name of Insurance: _____ ID #: _____

Policy Holder: _____ Group #: _____

(If not self) DOB: _____ SS #: _____ Relationship: _____

Does the patient have any major medical conditions? (ex. Diabetes, High Blood Pressure)

What medication is the patient presently taking (including over the counter)? **If more space is needed, please attach a list.**

Any chronic pain? If yes, explain:

How did they hear about our office? ☐ Penny Power ☐ Family/Friend ☐ Ins. Co. ☐ Welcome Wagon

Previous Patient: ☐ Yes ☐ No ☐ Other: _____

What does the patient need to be seen for? How soon is an appointment needed?

****Calls are generally returned within 24-48 business hours / Insurance needs to be verified prior to scheduling****

New Patient Return fax #: 610.282.1077 Address: 101 S. Main Street, Suite 101, Coopersburg, PA 18036

Return email address: officecfp@ptd.net

For Inner Office Use Only:

Date Returned to Office: _____

Call returned by: _____ Date Called: _____ Time: _____

Appointment Scheduled: _____ Insurance Verified: Y N by: _____

New Pt Entered In System by: _____