



# PATIENT DEMOGRAPHICS

Complete & Fax to: 610-340-2371

(OR A COPY OF THE DEMOGRAPHICS FROM PATIENT'S CHART)

Choose Sleep Study Location:  Brinton Lake  Delaware County  Taylor

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

RACE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

BEST TIME TO BE REACHED: \_\_\_\_\_ HOW: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY CARE PHYSICIAN (first & last name): \_\_\_\_\_

DOCTOR ORDERING SLEEP STUDY: \_\_\_\_\_

LOCATION, DATE & TYPE OF STUDY: \_\_\_\_\_

LATEX ALLERGY (please check one): YES \_\_\_\_\_ NO \_\_\_\_\_

### PRIMARY (1<sup>ST</sup>) INSURANCE INFORMATION

INSURANCE COMPANY NAME: \_\_\_\_\_

ID OR POLICY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBSCRIBER'S NAME: \_\_\_\_\_

SUBSCRIBER'S DATE OF BIRTH: \_\_\_\_\_

SUBSCRIBER'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

RELATIONSHIP TO INSURED: SELF \_\_\_\_\_ SPOUSE \_\_\_\_\_ CHILD \_\_\_\_\_ OTHER \_\_\_\_\_

### SECONDARY (2<sup>ND</sup>) INSURANCE INFORMATION

INSURANCE COMPANY NAME: \_\_\_\_\_

ID OR POLICY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBSCRIBER'S NAME: \_\_\_\_\_

SUBSCRIBER'S DATE OF BIRTH: \_\_\_\_\_

SUBSCRIBER'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

RELATIONSHIP TO INSURED: SELF \_\_\_\_\_ SPOUSE \_\_\_\_\_ CHILD \_\_\_\_\_ OTHER \_\_\_\_\_

SPECIALIST CO-PAYMENT: \_\_\_\_\_

INSURANCE PRE-CERTIFICATION # (if applicable): \_\_\_\_\_

MAY WE DISCUSS YOUR HEALTHCARE WITH YOUR EMERGENCY CONTACT?  YES  NO

### PATIENT EMERGENCY CONTACT:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Crozer-Keystone Sleep Centers  
"Putting sleep disorders to rest for over 30 years"  
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<http://sleepcenters.crozer.org>