UNIVERSITY CARDIOLOGY

1940 Alcoa Highway Suite E-310 Knoxville, TN 37920
Phone: (865) 544-2800 – Fax: (865) 544-6812

UNIVERSITY CARDIOLOGY PATIENT INFORMATION

FULL NAME: _____ SS#: _____

DOB: _____ AGE: _____ SEX: _____ MARITAL STATUS : M S D W

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE #: (_____)_____ ALTERNATE PHONE #: (_____)_____

REFERRING PHYSICIAN: _____ PHONE: (_____)_____

PRIMARY CARE PHYSICIAN: _____ PHONE: (_____)_____

EMPLOYER: _____ PHONE: (_____)_____

SPOUSE FULL NAME: _____ DOB: _____

SPOUSE EMPLOYER: _____ PHONE: (_____)_____

EMERGENCY CONTACT*: _____
OTHER THAN SPOUSE AND HOME NUMBER

RELATIONSHIP: _____ PHONE: (_____)_____

PRIMARY INSURANCE CARRIER: _____ SS#: _____

GROUP #: _____ ID #: _____

BIRTHDATE OF INSURED: _____ SEX OF INSURED: _____

RELATIONSHIP TO PATIENT: _____

SECONDARY INSURANCE CARRIER: _____ SS#: _____

GROUP #: _____ ID#: _____

BIRTHDATE OF INSURED: _____ SEX OF INSURED: _____

RELATIONSHIP TO PATIENT: _____

RACE OF PATIENT:

_____ AMERICAN INDIAN OR ALASKA NATIVE
_____ MULTI RACIAL
_____ BLACK OR AFRICAN AMERICAN
_____ ASIAN
_____ WHITE
_____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
_____ OTHER

ETHNICITY:

_____ HISPANIC OR LATINO

_____ NOT HISPANIC OR LATINO

LANGUAGE PREFERENCE:

_____ ENGLISH

_____ SPANISH

_____ OTHER / please specify below

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