

Shrewsbury Wellness Center
23 White Street, Side Entrance
Shrewsbury, NJ 07702
(P)732-444-8802 (F)732-865-7633

Email: Info@swc-nj.com Website: www.shrewsburywellnesscenternj.com

Patient Demographic and Insurance Intake Form

Patient Information

Last Name: _____ First Name: _____

Preferred Name: _____ DOB: _____

Sex: Male Female Marital Status: S M D W

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail: _____

Occupation: Are you currently: Working Student Unemployed Disabled Retired

Employer: _____ Occupation: _____

Emergency Contact Name and Phone: _____

Primary Care Physician Name and Phone: _____

Pharmacy Name and Phone: _____

Insurance Information

Primary Insurance Co: _____ ID# _____ Grp# _____

Secondary Insurance Co: _____ ID# _____ Grp# _____

Policy Holder Name: _____ Relation to Patient: _____

Policyholder DOB: _____ Policyholder SS# (Mandatory): _____

IF YOUR FIRST APPOINTMENT IS A TELEHEALTH VISIT, PLEASE EMAIL A COPY OF YOUR CARD

Patient Authorization

I authorize the release of any medical information necessary to process any claim. I authorize payment of medical benefits to the practitioner for services rendered.

Patient Signature (if minor parent/guardian) _____ Date: _____

