



Silver Sage
CENTER FOR FAMILY MEDICINE

Silver Sage Center for Family Medicine

Andrew Pasternak, M.D., Teresa Angermann, D.O., Jason Crawford M.D., Melanie Perl A.P.R.N.

PATIENT INFORMATION UPDATE SHEET

Name _____
Last First MI Date of Birth

Physical Address _____
Address City State Zip

Mailing Address _____
Address City State Zip

Patient Phone _____ Cell _____ Work _____

E-Mail _____ Sex: M F Marital Status: S M D W

Social Security _____ Race _____ Ethnicity _____

If Minor, Parent Name: _____

Emergency Contact: _____
Name Phone Relationship

What is the best means to contact you: (Please circle one) E-mail Home phone Cell phone or Mail?

I understand that co-payments are due at the time of visit. I authorize payment of medical benefits from my insurance company to Silver Sage Center for Family Medicine. I also authorize the release of any medical information necessary to process any medical claim. **We bill insurance as a courtesy to you. You realize that you are responsible for any balance accrued at the time of visit should your insurance company not cover/pay. You acknowledge receipt of the privacy policies and practices notice (paper copy available by request).**

Signature: _____ Date: _____

Is there a friend of family member that we may disclose your medical information with? Name and relation:

How did you hear about us? _____

We do not discriminate against anyone regardless for color, race, creed or physical ability.