ADVANCED OB-GYN
Obstetrics & Gynecology

230 Michigan St. NE, Suite 102, Grand Rapids, MI 49503   616-971-0060

Patient Intake Application (please print)

Patient Name: _____
<div align="center">Last   First   Middle Initial</div>

Date of Birth:_____Social Security Number:_____

Marital Status: (Please circle one)   Single   Married   Divorced   Widowed

Prior Name: _____

Street: _____ Apt#_____

City:_____ State:_____ Zip:_____

Home phone number:_____ Mobile:_____

Work phone number:_____

Emergency contact:_____

Relationship of Emergency contact:_____

Phone number of Emergency contact:_____

Employment Information
Patient:

Employer:_____

Occupation:_____

Employer address:_____

City:_____ State:_____ Zip Code:_____

Spouse:

Employer:_____

Occupation:_____

Employer address:_____

City:_____ State:_____ Zip Code:_____

We will need to make a copy of your insurance card at the appointment and any time there are changes. The following is needed if your current insurance coverage is through some one other than the patient.

Name of policy holder:_____ Date of birth of policy holder:_____

I authorize payment of medical benefits directly to Dr. John LaGrand

Signature:_____ Date:_____

I authorize the release of medical information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment. (necessary for Medicare)

Signature:_____ Date:_____