

Adult Medicine & Pain Management

1 Pinnacle Place, Ste. 203, Albany, NY 12203
Phone: 518-438-4700, Fax: 518-438-3190

Dr. Suzanna Boka Patient Registration Adult Medicine P.C.

Date Completed: _____ Person Answered Questions: _____ Signature: _____

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

SS#: _____ Date of Birth: Month: _____ Day: _____ Year: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Mobile#: _____ Work #: _____

Email Address: _____

Occupation: _____ Employer: _____

Next Of Kin

Name: _____ Relation: _____ Telephone #: _____

Emergency Contact Person Not Living With You

Name: _____ Relation: _____ Telephone #: _____

Insurance Information

Primary: _____ Policyholder: _____

ID#: _____ Group #: _____

Secondary: _____ Policyholder: _____

ID#: _____ Group #: _____

Policyholder's SS #: _____ DOB: _____

Pharmacy Information

Pharmacy Name: _____ Telephone: _____

Pharmacy Address: _____

Mail Order Pharmacy Name: _____

Advance Directives

Do you have Advance Directives? Yes No (Please Submit A Copy)

Additional Health Care Providers

Please list the physicians, dentists, chiropractors, physical therapists, etc. who you are seeing

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____