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Diane Knight-Mohr, A.R.N.P.

Welcome to our Practice! Please take a moment to tell us how you were referred to us.

NAME OF REFERRING PHYSICIAN _____

FRIEND OR PERSONAL REFERRAL (Please list name & address so that we may thank them for the referral).

Yellow Pages/Phone Book/OTHER SOURCE (please list): _____

PATIENT INFORMATION

NAME _____

Please refer to me as : Mrs. Ms. First Name Nickname: _____

COMPLETE ADDRESS
(Street & PO Box) _____

(City, State, Zip) _____

SOCIAL SECURITY #: _____

DATE OF BIRTH _____

HOME PHONE _____

May we leave messages on your answering machine? Yes ___ No ___

If Yes, specify: Medical Information ___ "Just Call Back" Message ___
"Reminder of Appointment" ___

WORK PHONE # _____

May we call you at work? Yes ___ No ___

EMPLOYED BY _____

Have you ever been seen here under another name? _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name _____

Complete Address (Street & PO Box) _____

City, State, Zip _____

Home Phone _____

Relationship _____

INSURANCE INFORMATION

Primary Insurance _____

Secondary Insurance _____

Subscriber's Name _____ Relationship _____

Subscriber's Name _____

Certificate/ID # _____

Certificate/ID # _____

Group # _____ Co-pay _____

Group # _____ Co-pay _____

Please list primary care physician _____

AUTHORIZATION

I hereby authorize Gynecology & Infertility Associates, PA to furnish information for treatment, payment, or healthcare operations concerning any illness and treatments. I hereby assign to Gynecology & Infertility Associates, PA all payments for medical services rendered. I understand that I will be notified of any such payments to be made to the providers of service and that I am financially responsible to the provider for charges not covered by this agreement. I hereby agree to consultation with Gynecology & Infertility Associates, PA and the agreed upon treatment for the extent of injury.

If you prefer, we will gladly charge any balance due to your credit card:

Visa Mastercard

Card # _____

Expiration Date _____

(SIGNATURE OF PATIENT OR RESPONSIBLE PARTY) (DATE)