

Charlotte Urogynecology Associates

Last Name	First Name	M.I.	Age	DOB	Race	Are you pregnant?
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Address	Apt#/P.O. Box	City	State	Zip
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Home Phone	Cell Phone	E-mail Address
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SSN	Marital Status	Have you been treated by these physicians before? Under what name?
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Occupation	Name of Employer/School
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Who referred you to our practice?

Who is your primary care physician?	Address	Phone
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In case of an emergency contact:	Address	Phone
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PATIENTS MUST HAVE A GOOD CONTACT NUMBER AT ALL TIMES IN ORDER TO CONTINUE CARE WITH OUR PRACTICE. OUR OFFICE MUST BE ABLE TO REACH YOU WHEN NECESSARY.

Please present your insurance card, drivers license or other form of photo identification for our records.

RESPONSIBLE PARTY INFORMATION

Name	Address	Phone
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SSN	DOB
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Under Florida Law, physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice.

Your doctor has elected not to carry medical malpractice insurance.

This is permitted under Florida Law subject to certain conditions. Florida Law imposes penalties against noninsured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice.

This notice is provided pursuant to Florida Law.

I have read and understand the above information.

Patient Signature	Date
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