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**PATIENT INFORMATION**

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M  F

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Marital Status  Married  Single  Divorced  Widowed

Employment Status  Employed  Retired  Self-Employed  Full-time Student  Unemployed

Employer/Company Name \_\_\_\_\_

**INSURANCE INFORMATION (please provide your insurance card to the receptionist)**

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insured/Card Holder's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECONDARY INSURANCE INFORMATION (if applicable)**

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insured/Card Holder's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**PHARMACY INFORMATION**

Pendleton Bi-Mart  Pendleton Safeway  Yellow hawk Pharmacy

Pendleton Rite-Aid  Pendleton Wal-Mart  Pendleton Walgreens

Other: \_\_\_\_\_

**EMERGENCY CONTACT**

First name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_ Sex M  F

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

SPOUSE  GUARANTOR  RESPONSIBLE PARTY (please check one)

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
**Patient Signature (or Parent if Minor)**

\_\_\_\_\_  
**Date**