

PATIENT INFORMATION



**702 SW Dorion Ave
Pendleton, Oregon 97801
541-215-1564 (phone)
541-215-1567 (fax)**

Dr. Russell Harrison, M.D. **Erika Acuna, PA-C** **Linda Harries, PA-C**

Social Security # _____ Date of Birth ____/____/____ Sex M F

First Name _____ Middle _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip _____

Would you prefer a text message, phone call or email for reminder calls _____

Cell Phone (____) _____ Home 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 _____

RESPONSIBLE PARTY (if signed on behalf of the patient) **PARENT** **GUARANTOR** **OTHER**

First Name _____ Middle _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

PHARMACY INFORMATION

Pendleton Safeway Amazon Pharmacy Express Scripts Other: _____
 Pendleton Rite-Aid Pendleton Wal-Mart Franciscan Pharmacy

EMERGENCY CONTACT

First name _____ Last Name _____ Relationship _____ Sex M F

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

X _____ **X** _____

Patient Signature (or Parent if Minor)

Date