

Surgery On Sunday, Inc. 650 Newtown Pike Lexington, Kentucky 40508

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Patient Information

Patient Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

~~~~~FINANCIAL INFORMATION~~~~~

Marital Status: \_\_\_\_\_ Living Situation: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Homeless How many in house? \_\_\_\_\_

Employment: \_\_\_\_\_ Employed \_\_\_\_\_ Unemployed Household Annual Income: \_\_\_\_\_

Insurance Status: \_\_\_\_\_ No Insurance \_\_\_\_\_ Medicare/Medicaid/Private

Have you ever applied for a medical card? \_\_\_\_\_ No \_\_\_\_\_ Yes Date Applied: \_\_\_\_\_

Have you ever applied for disability? \_\_\_\_\_ No \_\_\_\_\_ Yes Date Applied: \_\_\_\_\_

Status of Application : \_\_\_\_\_

Do you have a known Disability? \_\_\_\_\_ Yes \_\_\_\_\_ No What is the disability? \_\_\_\_\_

Race: \_\_\_\_\_ African Amer. \_\_\_\_\_ Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Native Amer. \_\_\_\_\_ White \_\_\_\_\_ Other

~~~~~MEDICAL INFORMATION~~~~~

Patient Height: \_\_\_\_\_ Patient Weight: \_\_\_\_\_

Who is your primary care physician? \_\_\_\_\_

What clinic are they with? \_\_\_\_\_

Where is it located? \_\_\_\_\_ Phone: \_\_\_\_\_

What pharmacy do you use? \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any additional needs that you would like to talk with someone about?  
\_\_\_\_\_

May we leave a message on the phone numbers we have for you? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who, other than yourself, may we discuss your medical information with? \_\_\_\_\_

Is there anyone that we CANNOT discuss your medical information with? \_\_\_\_\_

Who will be taking you to your surgery? \_\_\_\_\_ Phone: \_\_\_\_\_