

Union Physician Services

Patient Intake Form

Last Name: McCauley First Name: Kate MI: D Date of Birth: 5/9/70

Age: 54 Male or Female: F Social Security #: 869-31-0731

Home Address: 123 Great Expectations Lane, Raleigh, NC 27619

Home Phone: 919-872-5555 City: State: Zip: Cell Phone: Same Work Phone: N/A

Email Address: kate.thegreat@gmail.com Employer: N/A Primary Language Spoken: Eng.

Ethnicity: ☒ Non-Hispanic ☐ Hispanic ☐ Other
Race: ☐ African American ☐ Asian ☒ Caucasian ☐ Hispanic ☐ Native American ☐ Other

Referring Doctor: N/A

Marital Status: ☒ Married ☐ Single ☐ Widowed ☐ Divorced
Spouse Name: C. Grant Date of Birth: 12/21/68

Primary Insurance

Insurance Co: United Policy # 2376-041 Group # DB4F
Subscribers Name: Cary Grant SS# 072-94-63 DOB 12/21/68
Address if Different than Patient: Phone: 919-639-0737 Relationship to Patient: Spouse

Street City State Zip

Secondary Insurance

Insurance Co: N/A Policy # _____ Group # _____
Subscribers Name: _____ SS# _____ DOB _____
Address if Different than Patient: Phone: _____ Relationship to Patient: _____

Street City State Zip

Emergency Contact (EC) / Release of Information (ROI)- Please Check the Boxes that Apply:

Name of Person to Contact in case of Emergency/ or we may release information to:
Name: Virginia Hall Phone: 919-561-0799 Relationship: Mother ☒ EC ☐ ROI
Name: _____ Phone: _____ Relationship: _____ ☐ EC ☐ ROI
Name: _____ Phone: _____ Relationship: _____ ☐ EC ☐ ROI

Communication: ☐ Message may be left ☐ Answering Machine ☐ Family Member _____

Living Will? ☐ N ☒ Y Durable Power of Attorney? ☐ N ☒ Y (if yes) Name: _____

Phone: _____

Relationship: _____

Date: 3/28/25

Print: Kate McCauley Signature: K. McCauley