

LAKESIDE MEDICAL CENTER - PATIENT INTAKE FORM (CONFIDENTIAL)

Patient Demographics

- **Legal Name:** Smith, Jane Marie
 - **Date of Birth:** 1990-07-15
 - **Sex:** F
 - **Full Address:** 456 Oak Avenue, Apt. 2B, Springfield, IL, 62704
 - **Contact Phone:** (555) 123-4567
 - **Patient Account #:** LMC-0089541
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Insurance Details

- **Primary Insurance Carrier:** HealthFirst Inc.
 - **Relationship to Insured:** Self
 - **Insured's Full Name (if different):** N/A
 - **Policy / ID Number:** HF-11223344
 - **Group Number:** GRP-789
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Visit Information

- **Is today's visit related to employment?** ☐ YES ☒ NO
- **Is today's visit related to an auto accident?** ☐ YES ☒ NO