Click here to print 

Gastroenterology Associates, P.A.

1165 Park Avenue
Plainfield, New Jersey 07060
(908) 754-2992
Fax (908) 754-8366

Allan B. Cohen, M.D., F.A.C.G.
Diplomat of the American Boards of
Internal Medicine and Gastroenterology

David A. Goldenberg, M.D., F.A.C.G.
Diplomat of the American Boards of
Internal Medicine and Gastroenterology

PATIENT INFORMATION SHEET

TODAY'S DATE _____

PATIENT'S FULL NAME _____

SPOUSE'S NAME _____

If under 18 years of age, please list parent/guardian: _____

PATIENT'S ADDRESS:

_____
Street **Town** **State** **Zip**

TELEPHONE #: Home: (_____)_____ Work: (_____)_____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ _____ _____

EMPLOYED BY: _____

ADDRESS: _____

REFERRED BY: _____

PLEASE LIST ALL INSURANCES: If you have your insurance cards with you, please only list them by name, and the receptionist will make a copy of your card for our records. Thank you!

Primary Insurance Company: _____

Address: _____

Policy # _____ Group: _____

Secondary Insurance Company: _____

Address: _____

Policy #: _____ Group: _____

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION FROM ANOTHER DOCTOR OR MEDICAL FACILITY TO GASTROENTEROLOGY ASSOCIATES:

SIGNATURE: _____

I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO GASTROENTEROLOGY ASSOCIATES, PA, FOR SERVICES PROVIDED:

SIGNATURE: _____

I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF BILLS NOT COVERED BY INSURANCE:

SIGNATURE: _____

In the event of an emergency – we may need to cancel or reschedule an appointment. If you do not use an answering machine, please list someone not in your household we may contact:

Name: _____ Telephone #: (_____)_____

ATTENTION FEMALE PATENTS: The policy of our office is to make you feel as comfortable as possible during your visit. If you would prefer to have another woman be present in the room during the physical examination, please do not hesitate to ask. Thank you!