



Charlotte Lung and Health Center

1918 Randolph Road, Suite 440 Charlotte, NC 28207

Phone 704/342-8143 Fax 704/926-8044

PLEASE ANSWER ALL QUESTIONS

DATE _____

PATIENT NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (H) _____ (W) _____ (C) _____

PRIMARY CARE DR _____ PHONE _____

EMERGENCY CONTACT _____

RELATIONSHIP _____ PHONE _____

NAME OF INSURANCE COMPANY _____

SIGNATURE _____ DATE _____

Signature of Patient or Personal Representative

Print or Type Name of Patient or Personal Representative (attach authority of representative)

Updated September 2013