Charlotte Lung and Health Center
8045 Providence Road, Suite 200 Charlotte, NC 28277
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_____

_____Date _____
Signature of Patient or Personal Representative

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

Updated September 2013