

**Asthma & Allergy Institute of Michigan**  
**Jeffrey M. Bruner, D.O. P.C. John Frith, D.O. Amanda Thomas MS, PA-C**  
**Patient Information and Registration**

Date: \_\_\_\_\_

Please Circle: Male or Female

Please Circle: Single, Married, Widowed, Divorced, or Child

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ May we leave messages/text messages? Yes or No

E-mail Address: \_\_\_\_\_ Is it ok if we contact you by e-mail? Yes or No

Language: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Patient's Occupation: \_\_\_\_\_ Patient's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Person responsible for payment if other than patient - **Note: Anyone 18 years or older is responsible for payment**

Full Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Step Parent Name(s): \_\_\_\_\_

**Divorced Parents:** It is the policy of this office that the parent accompanying the child will be responsible for all bills.

**EMERGENCY CONTACT:** \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Phone #: \_\_\_\_\_

Referred By: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Insurance:** Please give us all the pertinent information regarding your insurance coverage. If you have coverage by more than one carrier, please supply information for both.

Primary Insurance Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Contract #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Date of Birth: \_\_\_\_\_

Subscriber Employer: \_\_\_\_\_

Secondary Insurance Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Contract #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Date of Birth: \_\_\_\_\_

Subscriber Employer: \_\_\_\_\_

**SIGNATURE** (Legal/Responsible Party): \_\_\_\_\_

Relationship: \_\_\_\_\_