**Advanced Rheumatology Associates**
**Reeti K. Joshi, MD**
*3560 Delaware St. Suite 301*
*Beaumont, TX 77706*
*P. 409-363-5675 f. 409-363-5671*

## Patient Information

Date_________________

Number Preference (Circle One): Home/Cell /Work

Home Phone________________________Cell Phone________________________Work Phone____________________

Patient Name___________________________________________________________ SSN#_____________________
Last Name First Name Middle Initial

Address_____________________________________________________ E-mail______________________________

City_________________________________________________________ State_________ Zip__________________

Sex____________ Age_______ Birthdate______________ __Married __Divorced __Separated
__Widowed __Single __Partnered for ___years

Insurance Subscriber Name______________________________________________ DOB:_______________________

Insurance ID/Group# _________________________________________________________________________________

Patient Employer/School_______________________________________ Occupation____________________________

EmergencyContact:______________________________Phone______________________Relationship:______________

### Family And Friends Contacts

Please list those persons, (including Family, Friends, Previous Treating Physicians, your Family Doctor (pcp), and other doctors/specialists with whom we may share your information:

____________________________ _________________________________ _____________________________

____________________________ _________________________________ _____________________________

### Patient Consent Regarding the Disclosure of Information

I have been given the opportunity to read the Notice of Privacy Practices and have had my questions answered by this office.

____________________________________ __________________________________________
Patient Name (PRINT) Date Patient Signature Date