

Eric S. Rothenberg, M.D.
5150 Crenshaw Rd. Suite G-120
Pasadena, TX 77505
281-998-9000

Patient's Name: _____ SS #: _____

D.O.B.: _____ Age: _____ Spouse's Name: _____

Address: _____ City/ST: _____ Zip: _____

HM #: _____ Cell #: _____ WK#: _____

Patient's Employer: _____

Address: _____ City: _____

Position: _____ Full-Time Part-Time Retired Other: _____

Emergency Contact: _____ **Phone#:** _____

Insurance Information:

Primary Insurance: _____

Primary Holder's Name: _____ D.O.B.: _____

Relationship to Patient: _____ SS#: _____

Policy ID#: _____ Group #: _____

Ins. Address: _____ City/St: _____

Phone #: _____

Secondary Insurance: _____

Primary Holder's Name: _____ D.O.B.: _____

Relationship to Patient : _____ SS# _____

Policy #: _____ Group#: _____

Insurance Authorization and Assignment

I hereby authorize Dr. Eric S. Rothenberg, M.D. to furnish information to insure carriers concerning my illness and treatments. I hereby assign to Dr. Rothenberg all payments for medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance.

Signature: _____ **Date:** _____

Referring Physician: _____

Purpose of Visit or History of Injury:

Previous Surgery:

Operation	Year	Hospital	Surgeon
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have You Ever Had or Been Treated for Any of the Following:

High Blood Pressure	No _____	Yes _____
Shortness of Breath	No _____	Yes _____
Diabetes	No _____	Yes _____
Blood Disorders	No _____	Yes _____
Lung Disease	No _____	Yes _____
Kidney Disease	No _____	Yes _____
Stroke	No _____	Yes _____
Poor Scarring	No _____	Yes _____

Serious Medical Disorders

Allergies to Drugs:

List All Medications Currently being taken by the Patient:

Have you ever taken Steroid Medication? No _____ Yes _____ Date Last Taken: _____

Do you Smoke?: No _____ Yes _____ How many Packs per Day?: _____

Do you Drink Alcohol? No _____ Yes _____

How Often?: Rarely _____ Occasionally _____ Often _____

Signature: _____ **Date:** _____