



Heartland Medical Care, P.C.
 10010 East Truman Road, Independence, MO 64052-2160
 816-252-7800

Thank you for choosing our office! In order to serve you properly, we need the following information from you. Please print. All information will be confidential.

CURRENT PATIENT INFORMATION

Patient Name _____ Birthdate _____

First MI Last

SSN _____ Male ___ Female ___ Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Check Appropriate: Minor ___ Single ___ Married ___ Divorced ___ Widowed ___ Separated ___

Patient's or Parent's Employer _____ Work Phone _____

Business Address _____ City _____ State _____ Zip _____

Spouse or Parent's Name _____ Employer _____ Work Phone _____

Insurance Company _____

Insurance ID #: _____ Name of Subscriber _____

If Patient is a Student, Name of School/College _____ City _____ State _____

I give the following person(s) listed below permission to pick up prescriptions for me: Please Print

I give this office permission to speak / leave messages with the following people: Please Print

_____ AND/OR Answering Machine

I certify the above to be true and I have received the Notice of Privacy Practices.

 Signature of Patient or Parent if Minor

 Date