Junior De Freitas, M.D.
3324 Colorado Blvd, 103
Denton, TX 76210

NEW PATIENT INFORMATION SHEET

Fill Out Online and
Fax to 940-891-1658
or
Print and Bring to the Office

Name _____ _____ _____ Age _____
Last *First* *Middle*

Address _____ _____ _____ _____
City State Zip Code

Date of Birth _____ Sex M ☐ F ☐ Marital Status Married ☐ Single ☐ Divorced ☐ Widow/er ☐ Children _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Patient's SS # _____ Email _____

Insured's Name _____

Insured's SS # _____

Insured's D.O.B. _____

Driver's License _____

Employer's Information

Company's Name _____

Company's Address _____

Company's Phone # _____

Referral Source

How did you hear about us? Physician ☐ Friend ☐ Family ☐ Internet ☐ Phone book ☐ Direct Mail ☐ Lifestyles ☐ Other _____

Referring Physician _____

Health Information

Preferred pharmacy _____

Allergies to medication _____

Current Medications

Give list to receptionist if you have one

Medical Conditions

Surgeries

Do You smoke? _____ How Much? _____

Do You Drink Alcohol _____ How Much? _____

I hereby authorize the release of any medical information necessary to process any claims. I authorize the payment of medical benefits to Dr. De Freitas for all medical services rendered by him to me. I understand that the service is provided to me and not the insurance company and I am therefore financially responsible for all charges whether or not my insurance covers such charges.

Signature _____ Date _____

Please Return This Form With Your Health Insurance Card and Driver's License To The receptionist