



Rosemarie Caillier, DPM, PC • 2002 McFarland Blvd E #207, Tuscaloosa, AL 35404 • P: 205-409-0175 • F: 205-764-5800

PATIENT INFORMATION

Name _____ Gender: Male Female
Age _____ Date of Birth (MM/DD/YYYY) _____ SS # _____ - _____ - _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone (check the best number to contact you)
Home () _____ Work () _____ Cell () _____
Is it OK to leave a detailed message on your voicemail? Yes No May we send you a text? Yes No
Email Address _____
Marital Status: Single Married Divorced Widowed Partnered for ___years Minor
Ethnicity: African-American Asian Latino Caucasian Other _____
Employer Name _____ Occupation _____
Pharmacy Name _____ Pharmacy # _____
Primary Care Doctor _____ Date Last Seen _____

EMERGENCY CONTACT

Name _____ Relationship _____ Telephone _____

GUARANTOR INFORMATION: Person financially responsible for this patient

Relationship to Patient: Spouse Parent Other _____
Name _____
Date of Birth (MM/DD/YYYY) _____ SS # _____ - _____ - _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone Number _____ Email _____

INSURANCE INFORMATION

Primary: _____ Secondary: _____
Contract # _____ Contract # _____
Group # _____ Group # _____
Subscriber Name _____ Subscriber Name _____
Subscriber DOB _____ Subscriber DOB _____
Relationship to Patient _____ Relationship to Patient _____

How Did You Hear About Our Practice? (check all that apply)

Newspaper Magazine Internet Social Media [Facebook Twitter Instagram Other]
 Sign on Building Telephone Book Insurance Directory Friend / Relative _____
 Physician _____ Other _____

Patient Signature _____ Date _____