

# Lake Imaging Center<sup>SM</sup>

7135 Perkins Road – Baton Rouge, LA 70808 ♦ 225.765.8600

## New Patient Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Employment Status: \_\_\_\_\_ Student: \_\_\_\_\_ Race: \_\_\_\_\_

Whom may we contact in case of emergency? \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Primary Insurance: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Policyholder's Employer: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Name of Secondary Insurance: \_\_\_\_\_

Policyholder's Employer: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_