

EUGENE RHEUMATOLOGY

Sidney Cassell MD ~ Simona Braun MD ~ Sarah Cassell MD ~ Mary Derlacki FNP

132 East Broadway, Suite 830 ~ Eugene, Oregon 97401 ~ Phone (541) 687-0816 ~ Fax (541) 687-1086

When you come to our office please bring all your medicine bottles and this information form. Please type or print.

Name: _____ Date of birth: _____
(first) (m.i.) (last)

Occupation: _____ If retired, previous occupation: _____

Single Married Divorced Widowed Race: _____

Children: Yes No How many: _____

Spouse/Partner's name: _____

Spouse/Partner's occupation: _____ If retired, previous occupation _____

Name of primary physician: _____ Phone: _____

Address, City, State, Zip: _____

Please list all specialists that you have been to:

Doctor:				
Address:				
City, State, Zip:				
Phone Number:				

List all surgeries/hospitalizations and approximate year:

Have you ever been treated for depression? Yes No

Do you use caffeine? Yes No

Smoking history: Currently No Quit When? _____

Please list all illnesses/medical conditions:

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SIDNEY CASSELL MD * SIMONA BRAUN MD * SARAH CASSELL MD
MARY DERLACKI FNP * SHIRREE EBERHART PA

132 East Broadway, Suite 830
Eugene, Oregon 97401
Phone: 541-687-0816
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****PATIENT INFORMATION****

Name: _____ Date Of Birth: _____
Social Security Number: _____ Driver License#: _____
Mailing Address: _____ City, State ZIP: _____
Home Phone#: _____ Cell #: _____
Employer: _____ Work #: _____
Spouse: _____ Cell #: _____
Employer: _____ Work #: _____
Emergency Contact: _____ Ph# _____ Relationship: _____
***who referred you to our office:** _____ Relationship: _____
Phone: _____ FAX #: _____
Primary Care Physician: _____ Ph #: _____ FAX#: _____

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I, the undersigned, do hereby authorize payment directly to EUGENE RHEUMATOLOGY for all medical services rendered. I shall be personally responsible for any balance due to the doctor not covered by my insurance. I hereby authorize the release of any medical information necessary to process all claims.

X _____
PATIENT or Guardian Signature Date

******INSURANCE INFO******

Primary Ins: _____ **Secondary Ins:** _____