Dr. Josephine
Ruiz Healy M.D.
2829 Babcock Road, Suite 438
San Antonio, TX 78229
Telephone: (210) 692-9471 • (210) 615-8272
Fax: (210) 692-9455

Date________________

Home Phone________________

PATIENT INFORMATION

Name of Minor/Child________________________________
Last Name First Name Initial

Sex ☐ M ☐ F Age________ Birthdate________ Nickname________ Hobbies________

Home Address________________________________
Street City State Zip

Mailing Address________________________________
Street City State Zip

Person financially responsible________________ Home Phone________ Work Phone________

Whom may we thank for referring you?________________________________

INSURANCE COVERAGE

Father's/Guardian's Name________________

Address (if different from patient's)________________

____

Home Phone________ (if different from above) Work Phone________ (if different from above)

Employer________________

Soc. Sec.#________ Birthdate________

Do you have insurance coverage for minor/child? ☐ Yes ☐ No

Plan Name________________

Phone No.________________

Address________________

____

Group#________________

Policy#________________

Mother's/Guardian's Name________________

Address (if different from patient's)________________

____

Home Phone________ (if different from above) Work Phone________ (if different from above)

Employer________________

Soc. Sec.#________ Birthdate________

Do you have insurance coverage for minor/child? ☐ Yes ☐ No

Plan Name________________

Phone No.________________

Address________________

____

Group#________________

Policy#________________

EMERGENCY CONTACT

In the event of an emergency, whom should we contact?

Name________________ Relationship________ Phone________

Name________________ Relationship________ Phone________

FAMILY HISTORY

Has any member of the family or close relative had:

YES	NO	
☐	☐	Arthritis
☐	☐	Asthma or Hay Fever
☐	☐	Cancer
☐	☐	Chemical Dependency
☐	☐	Convulsion or Epilepsy
☐	☐	Diabetes
☐	☐	Heart Disease
☐	☐	Hemophilia – Bleeder
☐	☐	High Blood Pressure
☐	☐	Kidney Disease
☐	☐	Mental Disorders
☐	☐	Migraine
☐	☐	Tuberculosis
☐	☐	Other________

(OVER)