



CARRBORO FAMILY MEDICINE CENTER, P.A.

Patient Centered. Community Based.

Carrboro Family Medicine Center, P.A.

610 Jones Ferry Road, Suite 102

Carrboro, North Carolina 27510

Telephone: 919-929-1747 • Fax 919-933-5168

www.carrborofamilymedicine.net

Patient Information

Patient's Name _____ Chart Number _____ Sex: Male or Female
Last Name First Name MI

Birthdate: _____ Place of Birth _____ Age _____ Marital Status _____

Street Address _____
Street City State Zip Code

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Employer _____ Occupation _____ Preferred Contact Cell Home Work

Work Address _____
Street City State Zip Code

Preferred Language

- English
- Spanish
- Other
- I'd rather not report

Ethnic Origin

- Hispanic/Latino
- Not Hispanic/Latino
- I'd rather not report

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic Origin
- Native Hawaiian or Pacific Islander
- White
- Other
- I'd rather not report

Social Security Number _____

Email Address _____

Guarantor Information (For Patients Under Age 18) and Billing Information

Guarantor's Name _____ Relationship _____
Last Name First Name MI

Birthdate _____ Age _____ Sex _____ Marital Status _____

Billing Address _____
Street City State Zip Code

Insurance Information

Patient's Name _____ Chart Number _____ Sex: Male or Female
Last Name First Name MI

Birthdate _____ Place of Birth _____ Age _____ Marital Status _____

Street Address _____
Street City State Zip Code

Employer _____ Work Phone (____) _____

Work Address _____
Street City State Zip Code

Emergency Contact

Guarantor's Name _____ Phone (____) _____ Relationship _____

Authorization to File Insurance

I certify that the above information is correct. I authorize the release of any information concerning my (or my child's) healthcare, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits.

Signature _____ Date _____