

Patient Information

Seminar Date: _____/_____/_____

First Name: _____ MI: _____ Last: _____

Date of Birth: ___/___/___ Gender: M F Marital Status: S M D W Spouse Name: _____

Race: White Black Hispanic Native American Asian/Pacific Islander Other

Ethnicity: Hispanic Non-Hispanic Preferred Language: _____

Height: _____ Weight: _____ lbs. Medical Condition: _____

SSN: _____ Primary Care Physician: _____

Contact Information

Street: _____ City/State/Zip: _____

Primary Phone: (_____)_____-_____ Secondary Phone: (_____)_____-_____

Detailed message is fine. Detailed message is fine.

Email: _____ Work Phone: (_____)_____-_____

Preferred method to contact me: Primary Contact Secondary Contact Email Work Phone

In case of emergency, notify: _____ Relationship to patient: _____

Phone: (_____)_____-_____ Alternate phone (_____)_____-_____

Insurance Information

Primary Insurance: _____ Secondary Insurance: _____

Member ID #: _____ Member ID #: _____

Subscriber Name: _____ Subscriber Name: _____

Subscriber DOB: _____ Subscriber DOB: _____

Group#/Employer Name: _____ Group#/Employer Name: _____

Insurance Phone: _____ Insurance Phone: _____

I have been a patient at NKCH. **I have had previous bariatric surgery.**

I am considering having surgery at North Kansas City Hospital and would be willing to make an appointment with the surgeon to discuss my options.

Please contact me about making an appointment. I am not interested at this time.

Signature: _____ Date: _____/_____/_____

If you have any questions or need assistance, call our Insurance Coordinators at 816.691.5048.