



Welcome to our practice!

1346 DOWELL SPRINGS BOULEVARD-KNOXVILLE, TN 37909
PHONE: (865) 588-2753 FAX: (865) 588-7418
SANGEETHA M. KODOTH, MD

Patient's full name: Last First Middle

Are there any other names under which we might find you/your child's medical records (maiden name, name prior to adoption)?

If so, please list:

Home Address Street (please no PO Box) City State Zip Code

Mailing Address (if PO box or different from above)

Home phone: Cell: Work phone:

Preferred Contact Number: (please choose one) Home Phone () Cell Phone () Work Phone ()

Patient/Parent Email Address: Student: Y N Full time Part time

Patient Birth Date: Patient Social Security Number:

- Race: () American Indian/Alaskan Native () Asian () African American () Other () White () Prefer not to answer
Ethnicity: () Hispanic/ Latino () Non -Hispanic/ Latino () Prefer not to answer
Preferred Language: () English () Spanish () Other () Prefer not to answer

Patient/Parent Employer: Occupation:

Work address;

Marital Status: () Single () Married () Divorced () Widowed Sex: () Female () Male

Spouse or Parent name: Date of Birth

Address (if different from above):

Home phone: Cell: Work Phone:

- HOW did you learn about our practice: (Please check all that apply): Our Web Site Other Web Site(Name) Expo (Name) TV (Name) Radio (Name) Newspaper(Name) Magazine (Name) Friend or Family Member (Name) Phone Book On line Yellow Pages Search Engine (Name) Other

Referring Physician's Name: Phone:

Referring Physician's Address: Street City State Zip

Primary Care Physician Name: Phone:

Primary Physician Address: Street City State Zip

Preferred Pharmacy Name: Phone:

Pharmacy Address: Street City State Zip

PRIVACY INFORMATION: You will receive a copy of our Notice of Privacy for Personal Health Information Policy. Extra copies can be found in our lobby, and can also be printed from our web site. The following statements direct us regarding how we handle your personal information. I authorize Allergy Specialists of Knoxville, PLLC:

1. To notify me by: (mark all that apply) () mail () phone () email of appointment reminders and/or to contact me regarding medical information (including test results). A message may be left on my home answering machine . YES NO
A message may be left on my cell phone YES NO
2. If unable to reach me at home, the practice of Allergy Specialists of Knoxville, PLLC, may leave a message where I work, asking me to return their call YES NO

3. Please list the names of family members, if any, with whom we may share your medical information: _____

I acknowledge I have received a copy of Allergy Specialists of Knoxville, PLLC's Notice of Privacy for Personal Health Information.

Signature of Patient or Person Authorized to Consent for Patient Date: _____

Please print patient's name: _____ Patient's Date of Birth: _____
Please print name of person signing for patient (if applicable): _____
Relationship to patient: _____

INSURANCE INFORMATION (Please allow us to make copies of your insurance cards and drivers license)

Primary Insurance: _____ Effective Date of Coverage: _____

INSURED'S INFORMATION (who is the primary holder of the insurance?)

Insured's full name: _____ Relationship to the patient: _____
Insured's Birth Date: _____ Home phone: _____ Cell: _____
Insured's Employer: _____ Insured work phone: _____
Employer Address: _____

Insured's Social Security Number: aaaaaaaaaaaaaaaaaaaaaaaaaa
Secondary Insurance: _____ Effective Date of Coverage: _____

BILLING INFORMATION IF PATIENT IS A CHILD (under 18 yrs): (person attending the appointment with the child)

Responsible Party Name: _____
Relationship to Patient: _____ Home Phone: _____ Cell: _____
Home Address: _____
Street City State Zip
Employer: _____ Work Phone: _____
Employer Address: _____

EMERGENCY INFORMATION: In an emergency, notify: _____

Relationship to patient: _____ Home phone: _____ Cell: _____ Work: _____

Please list any doctor you would want to receive a copy of your evaluation. (Referring physicians will automatically receive a copy, unless you tell us otherwise): _____