

Modern Obstetrics & Gynecology of North Atlanta, P.C.

Emory Johns Creek Physicians Plaza
6335 Hospital Pkwy, Suite 204
Johns Creek, GA · 30097 · (404) 446-2496

Patient Demographic Information and Communication of Information Consent

Name _____ Maiden Name _____
(First) (Middle) (Last)

Marital Status _____ Age _____ Date of Birth ___/___/___ SS# _____

Address _____

Email: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Your Occupation _____ Employer _____

Spouse's Name _____ Spouse's Age _____

Spouse's Occupation _____ Employer _____

Name of your Family Doctor _____ How Were You Referred to us? _____

How did you hear about us? _____

Emergency Contact (not spouse) _____ Relationship _____

Emergency Contact Home Phone Number _____ Cell _____

Who to Contact:

I hereby authorize and give permission to Modern Obstetrics & Gynecology of North Atlanta, P.C. to disclose and discuss any information related to my medical condition(s) to/with the following persons:

Name _____ Relationship _____

Name _____ Relationship _____

OR: **Do not share my information with anyone.**

I wish to be contacted in the following manner:

- Home/Work Telephone: _____
- Ok to leave message with detailed information
- Leave message with call-back number only

Written Communication:

- Ok to mail to my home address
- Ok to mail to my work/office address
- Ok to fax to this number _____

By my signature below, I authorize the release of any medical or other information deemed necessary by Modern Obstetrics & Gynecology of North Atlanta, P.c., including transferring of any medical records to support medically necessary referrals to other health care providers. I also authorize payment of medical benefits to Modern Obstetrics & Gynecology of North Atlanta, P.C.

Signature of Patient _____ Date _____