



(808) 249-1600 | Fax (808) 249-1651 | 227 Mahalani Street, Wailuku, HI 96793-2526

PATIENT INFORMATION

Name: _____
Physical address: _____
Mailing address: _____
Home phone number: _____ Work phone number: _____
Cell phone number: _____ Email address: _____
Social security number: _____
Date of birth: _____ Birthplace: _____
Gender: Male _____ Female _____ Marital status: _____

ADDITIONAL INFORMATION

Do you authorize the release of your medical information to anyone other than your insurance carrier?

Please circle one: Yes No

If yes, please specify to whom: _____

If you have an answering machine in your home, may we leave messages on that machine?

Please circle one: Yes No

EMPLOYER INFORMATION

Employer: _____
Employer address: _____

EMERGENCY CONTACT INFORMATION

Name: _____
Relationship: _____ Phone number(s): _____



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PRIMARY INSURANCE COMPANY

Company name: _____
Policy number: _____
Group number: _____ Check here if none: _____
Coverage code: _____ Check here if none: _____
Subscriber: _____ Date of birth: _____

SECONDARY INSURANCE COMPANY

Company name: _____
Policy number: _____
Group number: _____ Check here if none: _____
Coverage code: _____ Check here if none: _____
Subscriber: _____ Date of birth: _____

TERTIARY INSURANCE COMPANY

Company name: _____
Policy number: _____
Group number: _____ Check here if none: _____
Coverage code: _____ Check here if none: _____
Subscriber: _____ Date of birth: _____



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PLEASE SPECIFY YOUR ETHNICITY

- Hispanic or Latino
- Not Hispanic or Latino
- Decline to respond
- Do not know

PLEASE SPECIFY YOUR RACE

- Native Hawaiian or Pacific Islander
- Asian
- Caucasian (White)
- Black or African American
- Decline to respond
- Do not know
- Other. Please specify:

In order to participate in the US Government's EHR (Electronic Health Record) Incentive Program, also known as HITECH Act, Pacific Cancer Institute is required to ask the above question.