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St. Augustine, FL 32086
Phone: 904-794-2464
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East Palatka, FL 32131
Phone: 386-227-5121

385 Palm Coast Parkway SW, Unit 1
Palm Coast, FL 32137
Phone: 386-445-4700
Fax: 386-446-4407

GOAR DE LAMERENS, M.D.

PATIENT INFORMATION

Name: _____ SSN: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ Sex: Male _____ Female _____

Marital Status (please check one): Single _____ Married _____ Widow _____ Divorced _____

Patient's Employer: _____ Employer's Phone: _____

Employer's Address: _____

Occupation: _____

Email: _____ Ethnicity: _____

Race: _____ Language1: _____ Language2: _____

Spouse or Guardian Name: _____

Relationship to Patient: _____ SSN: _____

Date of Birth: _____ Phone: _____

Employer: _____ Employer Phone: _____

Emergency Contacts:

Nearest relative not living with you: _____

Home Phone: _____ Cell Phone: _____

Whom may we thank for referring you to us? _____

FINANCIAL POLICY

All professional Services rendered are charged to the patient/guardian. As a courtesy to the patient, we will collect necessary information to bill your insurance. The patient is responsible for all charges, regardless of insurance coverage. It is the policy of this office to pay for all services at the time services are rendered unless other arrangements have been made in advance with our office. (Not applicable if you have Medicare or Medicaid coverage at the time services are rendered.)

Patient Signature: _____ Guardian Signature: _____