

The Flowers Clinic

Robert S. Flowers, M.D.

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Honolulu, Hawaii 96813

Phone : (808) 521-1999

PATIENT HISTORY

Patient's name _____ Date _____

I prefer to be called _____

Date of Birth _____ Social Security No. _____

Sex at Birth: _____ Marital Status: S M D W

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cellular Phone: _____

Occupation: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Patient's employer: _____

Spouse's name (if minor, parent's name) _____

Address (if different from patient) _____

Phone: _____ Occupation: _____

Employer: _____ Business phone: _____

Primary language: _____ Nationality: _____

Do you speak fluent English? Yes No

Address while in Hawaii: _____

City: _____ State: _____ Zip: _____

In case of emergency, person to notify _____

Relationship: _____ Phone: _____

Person responsible for payment: _____

Medical Insurance Information

Insured's Name _____ **Carrier** _____

Subscriber # _____ **Group #** _____

Effective Date _____ **Expiration Date** _____

How did you happen to come to Dr. Flowers?

Physician referral – Name _____

Friend referral – Name _____

Other referral – Name _____

Yellow Pages _____

Internet- Yahoo Google Message Boards Other _____

Advertisement – which _____

Magazine article – which _____

Radio Show “More Than Skin Deep” _____

His reputation _____

Other _____