

Stephen M. Desio, M.D.
Douglas P. Fellows, PA-C
Lauren E. Gallant, PA-C

Worcester Medical Center
123 Summer Street
Suite 520
Worcester, MA 01608
Tel (508) 363-6363 Fax: (508) 363-6366

Webster Medical Center
72 Cudworth Road
Webster, MA 01570
Tel: (508) 363-6363
Fax: (508) 363-6366

Patient Information

Date: _____ Social Security: _____
Name: _____ Sex: M F
Date of Birth: _____ Age _____ Marital Status: _____
Address / P.O. Box: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Employer: _____ Phone: _____
Primary Care Physician: _____ Referring Physician: _____
PCP Address: _____

Insurance Information

Insurance Name # 1 _____
Subscriber Name: _____ D.O.B. _____
Relationship: _____
Subscriber's Employer: _____ Phone: _____
Insurance Name # 2 _____
Subscriber Name: _____ D.O.B. _____
Relationship: _____
Subscriber's Employer: _____ Phone: _____

Guarantor Information (if patient is under 18)

Name: _____
Address / P.O. Box: _____
City: _____ State _____ Zip Code: _____
Guarantor's Date of Birth: _____ Guarantor's Social Security # _____
Guarantor's Employer: _____

Authorization for Release of Information

Employer's Address: _____ Phone: _____

I authorize Health Professionals of Stephen M. Desio, M.D., P.C. to disclose to a **family member, relative, or any other person I have identified** below, health information relevant to that person's involvement in my care. I understand you have used your best judgment when disclosing information. **The person listed below will also be considered your emergency contact.**

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____