

**DR. RUBEN B. TIMMONS, MD PHD**

**REGENERATIVE MEDICINE AND PAIN MANAGEMENT PHYSICIANS, PLLC**

**P: (850) 462-4544 | F: (850) 777-3166**

**Gulf Breeze | Pensacola**

New Patient:  Former Patient:

Referring Physician: \_\_\_\_\_

Address: \_\_\_\_\_

P: \_\_\_\_\_ F: \_\_\_\_\_

**Appointment:** \_\_\_\_\_ **Time:** \_\_\_\_\_

1<sup>st</sup> call made: \_\_\_\_\_

2<sup>nd</sup> call made: \_\_\_\_\_

3<sup>rd</sup> call made: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_ Spouse DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

How/When: \_\_\_\_\_

Treatments/Timelines: \_\_\_\_\_

Allergies: \_\_\_\_\_

Blood Thinners: \_\_\_\_\_ Cardiologist/PCP: \_\_\_\_\_

WC:  AUTO:  DOI:

Company: \_\_\_\_\_ P: \_\_\_\_\_ F: \_\_\_\_\_

Claim: \_\_\_\_\_

Address: \_\_\_\_\_

Adjuster: \_\_\_\_\_ Attorney: \_\_\_\_\_

Health Insurance Company #1: \_\_\_\_\_

Policy #1: \_\_\_\_\_

Health Insurance Company #2: \_\_\_\_\_

Policy #2: \_\_\_\_\_

HMO Authorization #: \_\_\_\_\_