Todd S. Cox, M.D., D.F.A.P.A. PLLC
1020 19th Street, N.W., Suite 625, Washington, D.C. 20036 p:(202) 223-8530 f: (202) 223-8531

Patient Information

Last Name:_____ First Name:_____ Middle Initial:_____

Date of Birth: _____ / _____ / _____ Social Security Number:_____

Home Address:_____

City:_____ State:_____ Zip Code:_____

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

E-mail:_____

Please check if acceptable for communication and confidential messages:

_____ Home Phone
_____ Work Phone
_____ Cell Phone
_____ E-mail (consent form req.)

If a minor, name of Guardian:_____ Relationship:_____

Emergency Contact:_____ Relationship:_____

Emergency Contact Phone(s):_____

Referral Source:_____

Primary Care Physician:_____

Primary Care Physician Phone:_____ Last Visit:_____

Pharmacy:_____ Pharmacy Phone:_____

Pharmacy Location/Address:_____

Insurance:_____

Policy Number:_____

Do you have Medicare? Yes / No
Dr. Cox has opted out of Medicare; therefore, those individuals with Medicare who wish to see him cannot submit claims to Medicare and must sign an agreement stating an understanding of this.

I have read the "Fees and Payment Policies" handout and understand that I am responsible for full payment at the time of service, that Dr. Cox does not participate with any insurance companies, and that I will be charged for phone appointments, any missed appointments, and appointments cancelled with less than 48 hours notice.

_____ _____
Patient Signature Date