AMHC
Advanced Medical House Calls

14165 Fenton Rd
Suite 201A
Fenton, MI 48430
Phone: 810-853-5875
Fax: 586-279-4515

Patient Information

First Name	Last Name	MI	Birth Date

Patient Demographics

Please write the address where the patient can be seen, INCLUDE THE APARTMENT #. Social Security Number (SSN) is required for processing insurance claims.

Address	City		State	Zip
PRIMARY # to use:	Home Phone	Work Phone	Cell Phone	
Gender ☐ M ☐ F	SSN	Preferred Language	Marital Status	

Living Environment
- ☐ Independent Living
- ☐ Assisted Living
- ☐ Group Home
- ☐ Memory Care
- ☐ Private Home

Preferred Contact
Check all that apply:
- ☐ Mail
- ☐ Home Phone
- ☐ Day Phone
- ☐ Cell Phone
- ☐ Patient Portal

Race (optional)
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American Indian or Alaskan

Advanced Directives
- ☐ None
- ☐ Do Not Resuscitate
- ☐ Durable Power of Attorney
- ☐ Living Wille

Previous Primary Care Provider:	Contact:

Financially Responsible

Address must be included to have statement mailed, otherwise statement will be mailed to address above

First Name	Last Name		Relationship	
Address	City		State	Zip
PRIMARY # to use:	Home Phone	Work Phone	Cell Phone	

Email for Portal Access

Emergency Contact

Please check Primary number to use

First Name	Last Name		Relationship	
Address	City		State	Zip
PRIMARY # to use:	Home Phone	Work Phone	Cell Phone	

Preferred Pharmacy

Please attach a med list with paperwork

Name	address	Phone/Fax

Primary Insurance Plan

Insurance Plan	Group #	Policy #
Subscriber Name	Relationship to Patient	
Subscriber Certificate/Social Security #	Subscriber Date of Birth	

Other Insurance Coverage for Patient

Insurance Plan	Group #	Policy #
Insurance Company Address	Phone #	
Subscriber Name	Relationship to Patient	
Subscriber Certificate/Social Security #	Subscriber Date of Birth	