

# NORTH DALLAS UROLOGY ASSOCIATES

5300 W. Plano Parkway, Suite 200  
Plano, Texas 75093  
972-612-8037 ♦ 972-543-1984 (fax)

4501 Medical Center Drive, Suite 100  
McKinney, Texas 75069  
972-548-8195 ♦ 972-548-8866 (fax)

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Patient Marital Status: S / M / D / W Patient Sex: Male / Female Employed: Yes / No / Ret / Dis

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**For Reporting Purposes only:**

Primary Language Spoken: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Appointment Reminder Preference:      Phone (Voice Recording)      Text      E-mail

**INSURANCE INFORMATION:**

Primary Insurance: \_\_\_\_\_  
Name of Policy Owner: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_  
Name of Policy Owner: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

**Do you reside in an ASSISTED LIVING or a NURSING FACILITY? Yes / No**

**If yes, please fill out the following information:**

Name of Facility: \_\_\_\_\_

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

**HAVE YOU EVER SEEN ONE OF OUR DOCTORS BEFORE?: YES / NO, If Yes, whom:** \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Referred by: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Plano Office: Mark L. Allen, M.D. ♦ Stephen J. Lieman, M.D. ♦ Vince J. Rogenes, M.D. ♦ J. Scott Hassell, M.D. ♦ Nancy Y. Kim, M.D.  
McKinney Office: William C. Mitchell, M.D. ♦ Jared D. Stringer, M.D.