



John C. Ferguson, M.D.
677 Ala Moana Blvd., Suite 1011
Honolulu, Hawaii 96813
Phone (808) 521.1999
Fax (808)599.2972

PATIENT HISTORY

Patient's name _____ Date _____
I prefer to be called _____ Email Address: _____
Date of Birth _____ Social Security No. _____
Sex at Birth: _____ Marital Status: S M D W

Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cellular Phone: _____
Occupation: _____

Business Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Patient's employer: _____
Spouse's name (if minor, parent's name) _____
Address (if different from patient) _____
Phone: _____ Occupation: _____
Employer: _____ Business phone: _____

Primary language: _____ Nationality: _____
Do you speak fluent English? Yes No
Person responsible for payment: _____
Address while in Hawaii: _____
City: _____ State: _____ Zip: _____
In case of emergency, person to notify _____
Relationship: _____ Phone: _____

Medical Insurance Information

Insured's Name _____ **Carrier** _____
Subscriber # _____ **Group #** _____
Effective Date _____ **Expiration Date** _____

How did you happen to come to Dr. Ferguson?

- Physician referral – Name _____
 Friend referral – Name _____
 Other referral – Name _____
 Yellow Pages _____
 Internet- Yahoo Google Message Boards Other _____
 Advertisement – which _____
 Other _____