

**McLEAN COUNTY NEUROLOGY, S.C.**  
 2204 EASTLAND DRIVE  
 BLOOMINGTON, ILLINOIS 61704  
 (309) 662-9461

**Herman J. Dick, Jr., M.D.**

**Curtis J. Hayden, M.D.**

**Fang Li, M.D.**

PATIENT'S NAME (LAST, FIRST, MI)	AGE	BIRTH DATE	SEX M F	MARITAL STATUS S M W D
ADDRESS	CITY	STATE	ZIP CODE	
HOME PHONE ( )	CELL PHONE ( )	WORK PHONE (PATIENT) ( )	MAY WE CONTACT YOU AT WORK? (PLEASE CIRCLE) YES NO	
EMPLOYER (PATIENT)			SOCIAL SECURITY # (PATIENT)	
SPOUSE'S NAME	EMPLOYER (SPOUSE)	WORK PHONE (SPOUSE) ( )		

**COMPLETE THIS SECTION IF PATIENT IS A CHILD**

FATHER'S NAME	ADDRESS	PHONE ( )
FATHER'S EMPLOYER		PHONE ( )
MOTHER'S NAME	ADDRESS	PHONE ( )
MOTHER'S EMPLOYER		PHONE ( )

INSURANCE COMPANY #1	NAME OF INSURED	BIRTH DATE OF INSURED / /
EMPLOYER NAME	PATIENT'S RELATIONSHIP TO INSURED (PLEASE CIRCLE) SELF SPOUSE CHILD	
INSURANCE COMPANY #2	NAME OF INSURED	BIRTH DATE OF INSURED
EMPLOYER NAME	PATIENT'S RELATIONSHIP TO INSURED (PLEASE CIRCLE) SELF SPOUSE CHILD	
INSURANCE CO. PREFERRED PROVIDER (PLEASE CIRCLE IF YOUR INSURANCE CO. REQUIRES YOU TO USE A SPECIFIC HOSPITAL)		
NONE	BROMENN	ST. JOSEPH
		ST. JAMES
		OTHER

SECONDARY CONTACT OUTSIDE THE HOME	PHONE ( )
PRIMARY CARE PHYSICIAN	PHONE ( )
REFERRING PHYSICIAN (IF DIFFERENT THAN PRIMARY)	PHONE ( )
IS TODAY'S VISIT DUE TO A WORK-RELATED INJURY?	(PLEASE CIRCLE) YES NO
IS TODAY'S VISIT DUE TO AN AUTO ACCIDENT?	(PLEASE CIRCLE) YES NO
IS TODAY'S VISIT DUE TO ANY OTHER TYPE OF LIABILITY?	(PLEASE CIRCLE) YES NO
<b>IF "YES" TO ANY OF THE ABOVE, PLEASE COMPLETE THE FOLLOWING:</b>	
DATE OF INJURY: _____	CLAIM #: _____
NAME OF RESPONSIBLE PARTY: _____	PHONE #: ( ) _____
ADDRESS OF RESPONSIBLE PARTY: _____	

**CONTINUED ON REVERSE SIDE**