



Rita M. Rhoads, MPH, CRNP, CNM  
P.O. Box 123, Bart, Pennsylvania 17503  
1135 Georgetown Rd, Suite 120, Christiana, PA 17509  
Phone: 717-786-0210 Fax: 717-786-4799

Name: \_\_\_\_\_

Gender: Male / Female

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

Mother (if minor): \_\_\_\_\_

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

Father (if minor): \_\_\_\_\_

\_\_\_\_\_

Spouse/Partner: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_

Person under Whom Policy is Written: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

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

ID # \_\_\_\_\_

Group # \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other Doctors You are Seeing:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_