ARIZONA INTERNISTS

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Phone: (480) 900-7595 Fax: (480) 739-0262
Michael Germain, M.D. & Danielle Wicklow, M.D.

Member Registration

Type into this form or print and complete by hand. Bring it to your first appointment or upload it with your code.

PATIENT INFORMATION

Legal Last Name | First Name | Middle Name

Date of Birth (MM/DD/YYYY) | Sex (Male / Female) | Phone (Mobile) | Phone (Secondary)

Email

I agree to SMS Text Message Communication: ◯ Yes ◯ No

Mailing Address

City | State | ZIP Code

PHARMACY INFORMATION

Primary Pharmacy Name and Location | Phone Number

Secondary Pharmacy Name and Location | Phone Number

EMERGENCY CONTACT

Full Name | Relationship | Phone

SHARING HEALTH INFORMATION

I authorize Arizona Internists to disclose my Patient Health Information to the following person(s):

Full Name | Relationship | Phone

Full Name | Relationship | Phone

INSURANCE

Primary

Insurance Name

Subscriber ID #

Group #

Insurance Address

Insurance City / State / Zip

Effective Date

Subscriber Name (if different from above)

Date of Birth

Relationship to Patient

Secondary

Insurance Name

Subscriber ID #

Group #

Insurance Address

Insurance City / State / Zip

Effective Date

Subscriber Name (if different from above)

Date of Birth

Relationship to Patient