University Physicians, Inc.

Advanced Reproductive Medicine
4125 Briargate Parkway Suite #350
Colorado Springs, CO 80920
(719) 314-3333 Fax: (719) 314-3344

Patient Information					
First and Last Name				Date of Birth	
Social Security #		Gender		Marital Status	
Street Address					
City, State, Zip Code					
Home Phone #		Cell Phone #			
Work Phone #		Email Address			
Primary care physician					
Race: Circle one of the following	American Indian Asian Black or African American Hawaiian or Pacific Islander White or Caucasian				
Employment Status: Please circle one	Full time Not Employed Part time Retired Self Employed Student Full time Student Part time				

Emergency Contact			
Name			
Relationship		Phone number	

Please collect the following on CHAMPUS/TRICARE patients			
Sponsor's Duty Station		Social Security #	
Sponsor's Branch		Sponsor's Rank	
Sponsor's Status	Active Duty ☐ Retired ☐ Deceased ☐		

Insurance #1 Information					
Insurance Name		Type	HMO PPO EPO Indemnity		
Policy #			Group #		
Insurance Address					
City, State, Zip Code					
Ins. Phone Number					
Subscriber			Date of Birth		
Social Security #		Relationship to the patient			
Employment Status: Please circle one	Full time Not Employed Part time Retired Self Employed Student Full time Student Part time				

Insurance #2 Information					
Insurance Name		Type	HMO PPO EPO Indemnity		
Policy #			Group #		
Insurance Address					
City, State, Zip Code					
Insurance Phone #					
Subscriber			Date of Birth		
Social Security #		Relationship to the patient			
Employment Status: Please circle one	Full time Not Employed Part time Retired Self Employed Student Full time Student Part time				