

Fleming County Hospital
LARIEN D. KEARNS, MD
732 Elizaville Road - P.O. Box 388
Flemingsburg, Kentucky 41041-0388
(606) 849-2675 fax (606) 849-2743

_____/_____/_____
 Date

 Patient's Name

_____/_____/_____
 Date of Birth

_____-_____-_____
 Social Security Number

Sex: M F Marital Status: S M D W

 Address

 City

 State

 Zip Code

() _____
 Home Phone

() _____
 Work Phone

() _____
 Cell Phone

 Insurance Name

 Name of Person Who Holds Insurance

 Insurance Name

 Name of Person Who Holds Insurance

 Insurance Name

 Name of Person Who Holds Insurance

(WE WILL NEED A COPY OF ALL INSURANCE CARDS)

 Patient's Employer

() _____
 Phone Number

 Referring/Family Doctor

() _____
 Phone Number

 Address

 City

 State

 Zip

 Spouse/Significant Other

_____/_____/_____
 Date of Birth

_____-_____-_____
 Spouse's Social Security Number

(If your Spouse Holds The Insurance We Need Their Social Security Number)

 Spouse's Employer

() _____
 Phone Number

 Emergency Contact

 Relationship To Patient

() _____
 Emergency Contact Phone Number

 Responsible Party's Signature

_____/_____/_____
 Date

****IF PATIENT IS UNDER THE AGE OF 18 - FILL OUT THE BELOW INFORMATION****

 Father/Legal Guardian

_____/_____/_____
 Date of Birth

_____-_____-_____
 Social Security Number

 Phone Number () _____

 Address

 City

 State

 Zip

 Mother/Legal Guardian Name

_____/_____/_____
 Date of Birth

 Address

 City

 State

 Zip

_____-_____-_____
 Social Security Number

 Phone Number () _____

 Address

 City

 State

 Zip

 Signature of Responsible Party for Child