

**DOVETAIL Family Practice**  
**Susan Hulsemann, M.D.**  
**313 S. Monroe St.**  
**Monroe, MI 48161**  
**(734) 244-5380**

**Date:** \_\_\_\_\_

**\* Patient Name:** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_ **Sex: M or F** **SS#:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home#:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

**Alt#:** \_\_\_\_\_ **Work#:** \_\_\_\_\_

**Pharmacy Name:** \_\_\_\_\_ **Pharmacy#:** \_\_\_\_\_

**\*Name of Parent / Guardian (if under 18 years of age)** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Contact Phone#:** \_\_\_\_\_ **Alt#:** \_\_\_\_\_

**\*Primary Insurance Name:** \_\_\_\_\_

**Policy#:** \_\_\_\_\_ **Group#:** \_\_\_\_\_

**Subscriber (if not patient):** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Address (if different from patient)** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**\*Secondary Insurance Name:** \_\_\_\_\_

**Policy#:** \_\_\_\_\_ **Group#:** \_\_\_\_\_

**Subscriber (if not patient):** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Address (if different from patient)** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_