



Pelican Physician Services, LLC

2375 GAUSE BLVD. EAST
SLIDELL, LA 70461-4142

PHONE: 985-645-9000
FAX: 985-645-9064

PATIENT INFORMATION

Patient _____
Last First Middle

Mailing Address _____ Sex M F

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Social Security Number _____ Date of Birth _____

Emergency Contact & Phone _____

Email _____

*****Reason for todays visit:** _____

If you would like your prescriptions sent to your preferred pharmacy, please complete the pharmacy information below

Pharmacy Name _____ Pharmacy Phone Number _____

Pharmacy Address _____

INSURANCE INFORMATION

Insurance Company Name _____

Insured Name _____ Date of Birth _____
Relationship SELF MATE PARENT

ADDITIONAL INFORMATION / MEANINGFUL USE INFORMATION

Please Circle one

Race: White | African American | Hispanic | American Indian or Alaska Native | Asian
Native Hawaiian or Other Pacific Islander | Other Race | Unknown | Refuse to Report

Ethnicity: Not Hispanic or Latin American | Hispanic or Latin American | Refuse to Report

Language: English, Spanish, Other _____