

Katy Medical & Wellness
Methodist West Houston, MOB #1
18400 Katy Freeway, Suite 590
Phone: (281) 492-1900
Fax: (281) 492-1060
www.mykatymedical.com



PATIENT INFORMATION

Patient Name		Patient Address			Marital Status
City	State	Zip	Texas Driver License #	Birth date	Sex
Home Telephone #		Cellular Phone #		Work Telephone #	
Email		SS#		Employer Name	
Pharmacy Name		Pharmacy Address and Phone No:			

SUBSCRIBER (Person whom the insurance is provided through)

Patient Name		Relationship to Patient		Birth date	
Texas Drivers License #	Sex	Cell Phone #		Work Phone #	Home Phone
Name of Employer		Occupation		SS#	
Address		City	State	Zip	

KMW proudly uses TALKPHR.com to provide patients with an easy to use patient portal. Please download the TALK PHR app and set up a username and password to access your personal medical records. You will receive a text message prompt prior to the end of your visit to create one.

EMERGENCY NOTIFICATION (Someone not living at the same address)

Name		Address		City/State	
Home Telephone	Cellular Phone #		Work Phone #	Relationship	

PRIMARY HEALTH INSURANCE

Name of Insurance		Policy #	Group #	Copay \$
Name of Employer		Address		City/State

SECONDARY HEALTH INSURANCE

Name of Insurance		Policy #	Group #	Copay \$
Name of Employer		Address		City/State