



PATIENT INFORMATION
Please Print

Patient's Last Name _____ First _____ Middle Initial _____

Social Security Number _____ Date of Birth _____ Age _____ Sex: Male Female

Address _____ Apt# _____

City _____ State _____ Zip _____

Primary Phone _____ Home Work Cell Alternate Phone _____ Home Work Cell

Email address: _____

Is this person the Insurance policyholder? Yes No Do you have an alternate address? Yes No If yes, please print below

Marital Status (check one) Single Married Divorced Widowed Legally Separated

Employment Status (check one) Full Time Part Time Retired Other Student Full Time Part Time

Race (check one) White African American/Black Asian American Indian/Alaska Native Pacific Islander

Native Hawaiian Declined to report

Ethnicity (check one) Non-Hispanic/Latino Hispanic/Latino Declined to report

Preferred Language (check one) English Spanish Other _____

Employer _____ Occupation _____

Employer Address _____

Spouse / Parent Name: Last _____ First _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____ Phone _____

SSN _____ Date of Birth _____ Employer _____

Is this person the Insurance policyholder? Yes No

Other Parent Name: Last _____ First _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____ Phone _____

SSN _____ Date of Birth _____ Employer _____

Is this person the Insurance policyholder? Yes No

FOR HIPAA PURPOSES (Privacy Act): I authorize discussion of my (my child's) medical information with:

Patient only (parents or legal guardian, if minor) the following people (Name/Relationship) _____

How were you referred to this office? Physician Friend Family Insurance Internet Other _____

Referring Physician _____ Should we send notes to this doctor? Yes No

Address _____ Phone _____

Primary Care Physician (if different) _____ Should we send notes to this doctor? Yes No

Address _____ Phone _____

Names of Family Members who are Patients Here/Relationship _____

Preferred Pharmacy _____ Phone _____

Pharmacy Address or Cross-street _____

PLEASE HAVE YOUR INSURANCE CARD AND DRIVER'S LICENSE READY FOR THE RECEPTIONIST. PAYMENT FOR PROFESSIONAL SERVICES IS DUE AND PAYABLE WHEN SERVICE IS RENDERED.