

Patient Demographics

Last Name: _____ DOB: ___/___/_____
First Name: _____ MI: _____ Sex: ___
Nickname: _____ Social Security#: _____-_____-_____
Address: _____ Marital Status: _____
City: _____ Single___
State: ___ Zip: _____ Country: US Married___
Primary Phone: (_____)_____-____ Secondary Phone: (_____)_____-____ Separated___
Tertiary Phone: (_____)_____-____ Divorced___
Widowed___
Refuse to Report___

Email: _____ **Web-Enable?** Yes · No
How were you referred to our office? _____

Insurance Information No Insurance/Self-Pay: _____
Primary Insurance: _____ Policy #: _____
Responsible Party: _____ Relationship: _____ DOB: ___/___/_____
Secondary Insurance: _____ Policy #: _____
Responsible Party: _____ Relationship: _____ DOB: ___/___/_____
Tertiary Insurance: _____ Policy #: _____
Responsible Party: _____ Relationship: _____ DOB: ___/___/_____

Emergency Contact (used for emergencies ONLY):
Name: _____ Relation: _____ #: (_____)_____-____

Is there anyone that you would like to allow us to share your medical information with (i.e.- spouse, parent...)? This is **separate** from your emergency contact. Name: _____ Relation: _____

Race: American Indian or Alaska Native: ___ Asain: ___ Native Hawaiian or Other Pacific: ___ Black or African American: ___ White: ___ Hispanic: ___ Other Race: _____ Refuse to Report: ___	Ethnicity: Hispanic or Latino: ___ Not Hispanic or Latino: ___ Refuse to Report: ___	Language: English: ___ Spanish: ___ Russian: ___ Indian (includes Hindi & Tai): ___ Other: ___
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Pharmacy:
Local Pharmacy: _____ City, State: _____, _____ #: (_____)_____-_____
Mail Order: _____ Phone #: (_____)_____-____ Fax#: (_____)_____-_____

Our No-Show Appointment Policy: We want to be available for all of your needs and the needs of all our patients. When a patient does not show up for a scheduled appointment, or does not cancel or reschedule within 24 hours of their scheduled time, there will be a fee of \$25.00 assessed. Multiple offenses may result in a dismissal from our practice.

Print Name: _____ Signature: _____ Date: ___/___/_____