



**Patient Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Sex: M F

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Voicemail ok?  Home Phone: \_\_\_\_\_ Voicemail ok?

Work Phone: \_\_\_\_\_ Voicemail ok?  Which phone number is primary?  Cell  Home  Work

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced Patient's Maiden Name: \_\_\_\_\_

Mother's Maiden Name: (Security Question) \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Patient's Email Address for Online Patient Portal: \_\_\_\_\_

**Patient Employment Information or Parent/ Guardian Employment Information**

Employer Name: \_\_\_\_\_  Full or  Part time

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Guarantor (Person financially responsible to receive statements) If different from patient**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Insurance subscriber information (if different from patient)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact or Next of Kin**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

**Ethnicity**

- \_\_\_ Hispanic/Latino
- \_\_\_ Non-Latino/Hispanic
- \_\_\_ Prefer not to answer

**Race**

- \_\_\_ White
- \_\_\_ Hispanic
- \_\_\_ Asian
- \_\_\_ Other
- \_\_\_ American Indian/Alaska Native
- \_\_\_ Black/African American
- \_\_\_ Native Hawaiian/Pacific Islander
- \_\_\_ Prefer not to answer

**Primary Language**

- \_\_\_ English
- \_\_\_ Spanish
- \_\_\_ American Sign Language
- \_\_\_ Other Please list \_\_\_\_\_
- \_\_\_ Prefer not to answer