Last Name:_____First Name:_____ MI:_____ Date of Birth:_____

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced Birth Sex: M F Pronouns:_____

Mailing Address:_____ Physical Address:_____

City:_____ State:_____ Zip:_____

Primary Phone #:_____ ☐ Cell ☐ Home Voicemail ok? ☐ Social Security#:_____

Secondary Phone #:_____ ☐ Cell ☐ Home Voicemail ok? ☐ Religion: _____

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

Patient's Email Address for Online Patient Portal:_____

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 ___Prefer not to answer
___Spanish
___American Sign Language
___Other Please list_____

Guarantor Information (if different from patient)

Last Name:_____ First Name:_____ MI:_____

Date of Birth:_____ Social Security #:_____ Relationship to Patient: _____

Primary Phone #:_____

Employer Name:_____ ☐ Full or ☐ Part time

Insurance subscriber information (if different from patient and/or guarantor)

Last Name:_____ First Name:_____ MI:_____

Mailing Address:_____ City:_____ State:_____ Zip:_____

Date of Birth:_____ Social Security #:_____ Relationship to Patient: _____

Primary Phone #:_____

Primary Contact

Last Name:_____ First Name:_____ MI:_____

Primary Phone #:_____ Relationship to Patient_____

Can the individual be contacted in case of an emergency? YES ☐ NO ☐

Authorize staff to speak with contact regarding the following:

Appointments:	YES ☐	NO ☐
Clinical:	YES ☐	NO ☐
Financial:	YES ☐	NO ☐

Secondary Contact

Last Name:_____ First Name:_____ MI:_____

Primary Phone #:_____ Relationship to Patient_____

Can the individual be contacted in case of an emergency? YES ☐ NO ☐

Authorize staff to speak with contact regarding the following:

Appointments:	YES ☐	NO ☐
Clinical:	YES ☐	NO ☐
Financial:	YES ☐	NO ☐

Signature:_____ Date:_____

Please note, renewal of this form is required annually.