Patient Information Form

Demographics

Patient Name: (Last) __________________________________ (First) __________________________ (Middle) _____________

DOB: _______________________________ Gender: ◯ Male or ◯ Female Marital Status: ____________________________

Address: ____

City: ____ State: ___________________ Zip: __________________________

Home Phone: ______________________________________ Cell Phone: ____

Email: ____ Preferred contact method: _______________________

Preferred Language: __________________________ Ethnicity: ◯ Hispanic / Latino ◯ Other

Race: ◯ American Indian/ Alaska Native ◯ Asian ◯ Black or African American ◯ Native Hawaiian / Other Pacific Islander ◯ White

Education Level: ◯ High School ◯ College ◯ Other Religion: ____

Employment Information

Employer: ____ Occupation: ____

Phone Number: ____________________ (ext.) _________ Address: ____

Responsible Party Information

If different than above

Last Name: _____________________________________ First Name: _______________________________ MI: _____________

DOB: __________________________________ Relationship to Patient: ____

Home Phone: __________________________ Cell: ________________________________Work: __________________________

Address_______________________________________ City: _________________________ State: _________ Zip: ___________

Insurance Information

Primary Insurance Name: ____

ID#: ____ Group#: ____

Policy Holder (if different than the patient): ____

DOB: ________________________ Gender: ◯ Male or ◯ Female Relationship to the patient: _________________________

Employer: ____

For Medicare Patients: Are you or your spouse working? ____________ If Yes, whom? __________________________________

Secondary Insurance Name: ____

ID#: ____ Group#: ____

Policy Holder (if different than the patient): ____

DOB: _________________________ Gender: ◯ Male or ◯ Female Relationship to the patient: _________________________

Employer: ____

In Case of Emergency

Name: ____ Relationship to Patient: _______________________________

Home Phone: ____________________________ Cell: _____________________________ Work: __________________________