Patient Information – please complete all sections

Last Name:_____ First Name:_____ Middle Initial: _____

Previous Name:_____ Date of Birth:_____/_____/_____ Social Security Number:_____/_____ /_____

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

Home Phone:_____ Work Phone:_____ Cell Phone: _____

❒ Male ❒ Female ❒ Other ❒ Single ❒ Married ❒ Partner ❒ Divorced ❒ Widowed

Emergency Contact Name:_____ Phone:_____ Relationship to Patient: _____

Referring Physician: _____ Family Physician: _____

Preferred Language, if other than English: _____

Ethnicity: ❒ Hispanic or Latino ❒ Non-Hispanic Non-Latino

Race: ❒ American Indian / Alaska Native ❒ Black / African American ❒ White
❒ Asian ❒ Native Hawaiian / Pacific Islander ❒ Other _____

Occupation:_____ Employer:_____ Employer Phone: _____

Employment Status: ❒ Active Duty Military ❒ Employed Full-Time ❒ Not Employed ❒ Student
❒ Child ❒ Employed Part-Time ❒ Retired ❒ Other
❒ Disabled ❒ Homemaker ❒ Self Employed

Primary Insurance Information

** INSURANCE CARD and PHOTO ID **MUST** BE PRESENTED AT TIME OF VISIT **

Insurance Name:_____ Contract ID No:_____ Group No. _____

Responsible Financial Party (Parent/Guardian if minor patient):_____ Date of Birth:_____/_____/_____

Sex: ❒ Male ❒ Female Relationship to Patient: ❒ Spouse ❒ Parent ❒ Other _____

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

Home Phone:_____ Work Phone:_____ Cell Phone: _____

Employer:_____ Employer Phone: _____

Patient Portal Registration

We highly recommend you sign up for our patient portal. With portal access, you can see the information in your chart, receive lab results faster, request refills of medications and send a message directly to the doctor for simple questions that might not require an appointment.

Email address for portal registration:_____

Physician Referral Information

How did you hear about us? ❒ Physician ❒ Friend ❒ Employer ❒ Family Member ❒ Website
❒ Insurance ❒ Hospital ❒ Google ❒ Book / Magazine ❒ Event
❒ Other _____

Preferred Pharmacy

Local Pharmacy:_____ Mail Order Pharmacy: _____