# PATIENT DEMOGRAPHICS

## Patient Information

| Last Name | First Name | Middle Name | Suffix | Social Security # |
|---|---|---|---|---|
| | | | | |

| Gender (circle) | Date of Birth | Marital Status (circle) | Primary Care Physician |
|---|---|---|---|
| *M / F* | | *Divorced - Married - Separated - Single - Widowed - Other* | |

| Preferred Language (circle) | Race (circle) | Ethnicity (circle) |
|---|---|---|
| *English - Spanish - _____* | *Asian - Black - White - Other: _____* | *Hispanic - Not Hispanic - Unknown* |

| Mailing Address | Apt / Lot | City / State | Zipcode | Phone #s |
|---|---|---|---|---|
| | | | | Home ( )<br>Mobile ( )<br>Work ( ) |

| Email Address | How did you hear about us? | Referring Physician |
|---|---|---|
| | | |

## Responsible Party

Check if same as: [ ] Patient

| Last Name | First Name | Gender (circle) | Date of Birth | What is Patient's Relationship to Responsible Party? |
|---|---|---|---|---|
| | | *M / F* | | |

| Mailing Address | Apt / Lot | City / State | Zipcode | Phone #s |
|---|---|---|---|---|
| | | | | Home ( )<br>Mobile ( )<br>Work ( ) |

## Employer Information

| Employer | Address | City / State | Zipcode |
|---|---|---|---|
| | | | |

## Emergency Contact

Check if same as: [ ] Responsible Party

| Last Name | First Name | Gender (circle) | Date of Birth | What is Patient's Relationship to Emergency Contact? |
|---|---|---|---|---|
| | | *M / F* | | |

| Mailing Address | Apt / Lot | City / State | Zipcode | Phone #s |
|---|---|---|---|---|
| | | | | Home ( )<br>Mobile ( )<br>Work ( ) |

## Guardian Contact

Check if same as: [ ] Responsible Party [ ] Emergency Contact

| Last Name | First Name | Gender (circle) | Date of Birth | What is Patient's Relationship to Guardian? |
|---|---|---|---|---|
| | | *M / F* | | |

| Mailing Address | Apt / Lot | City / State | Zipcode | Phone #s |
|---|---|---|---|---|
| | | | | Home ( )<br>Mobile ( )<br>Work ( ) |

## Insurance Information

**Check if: [ ] Self Pay**

| Check if same as: [ ] Responsible Party | | | Check if same as: [ ] Responsible Party | | |
|---|---|---|---|---|---|
| Subscriber / Member Name | | Date of Birth | Subscriber / Member Name | | Date of Birth |
| | | | | | |
| What is Patient's Relationship to Subscriber? | | Gender (circle)<br>*M / F* | What is Patient's Relationship to Subscriber? | | Gender (circle)<br>*M / F* |
| | | | | | |
| Primary Insurance Company | | Begin Date | Secondary Insurance Company | | Begin Date |
| | | | | | |
| Insurance Mailing Address | City / State | Zipcode | Insurance Mailing Address | City / State | Zipcode |
| | | | | | |
| Subscriber / Member # | Group # | | Subscriber / Member # | Group # | |
| | | | | | |

Patient/Legal Guardian Signature Date

Patient/Legal Guardian Print