



Reason for Visit: \_\_\_\_\_

**PATIENT INFORMATION**

Patient Name(Last, First, MI): \_\_\_\_\_ Maiden/Former Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex: Male  Female  Marital Status: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell : \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Care Doctor: \_\_\_\_\_

What is the best way to contact you?  Home  Cell  Work

Preferred Pharmacy and address: \_\_\_\_\_

Do you have secured voicemail that we may use for leaving voicemails?  Yes  No

Patient Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did you hear about us, or who referred you? \_\_\_\_\_

Emergency Contact (Name-First, Last): \_\_\_\_\_

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

**COMPLETE ONLY IF GUARDIAN IS DIFFERENT FROM PATIENT:**

Guarantor/Guardian: (Name-Last, First) \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Sex: Male  Female  DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

*To the best of my knowledge, all of this information is true and complete I understand that I am financially responsible for all services provided to me.*

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If patient is a minor)