

**Patient information 2021**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work \_\_\_\_\_ EXT: \_\_\_\_\_ Email: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Gender:  Male  Female Marital Status:  Married  Single  Divorced  Widowed  
Spouse/Partner Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Spouse/Partner Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
**Minors Only:** are parents  Married  Divorced Custodial Parent: \_\_\_\_\_  
Custodial Parent #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work #: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Custodial Parent SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

**Race**

**Ethnicity**

- Hispanic  Asian or Pacific Islander  Hispanic or Latino  Native Hawaiian or Other Pacific Islander  
 White  Black  Caucasian  Two or More Races  
 American Indian or Alaska Native  Asian  
 Native Hawaiian or Other Pacific Islander  Black or African American  
 American Indian or Alaska Native

**Prefer not to answer**

**Emergency Contact**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Preferred Pharmacy**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Is this visit accident related?:  Yes  No If yes, Injury date: \_\_\_\_\_

Work Related: \_\_\_\_\_ Motor Vehicle: \_\_\_\_\_ Other Injury: \_\_\_\_\_

\*NOTE: we do not bill MVA or Attorney unless you have Medicare or Medicaid (regardless of fault)

**Insurance**

Primary Insurance Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Policy Holder's Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Secondary Insurance Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Policy Holder's Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Patient's Signature (OR Parent if patient is a Minor): \_\_\_\_\_ Date: \_\_\_\_\_