



DEMOGRAPHIC INFORMATION

First Name	Last Name	MI
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Date of Birth / /	SS #	Marital Status	Gender M / F
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Address	City	State	Zip Code
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Race			Preferred Language
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Home #	Work #	Cell #	E-Mail Address
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Which of the above phone numbers can we leave secured voice messages? Home / Work / Cell (Circle one)

Emergency Contact Name(s):	Relationship:	Phone #:	Which of the following can we discuss with your emergency contact?
1. _____	_____	_____	1. Medical Care Y / N 2. Appointments Y / N 3. Financial Info Y / N
2. _____	_____	_____	
3. _____	_____	_____	
4. _____	_____	_____	

Referring Doctor:	Patient's Employer:
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Pharmacy Name:	Pharmacy Location:
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Primary Insurance Name	Secondary Insurance Name
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Policy Holder's Name	Relationship to Patient	Policy Holder's Name	Relationship to Patient
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SS # Of Insured	SS # Of Insured
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Date Of Birth of Insured	Date Of Birth of Insured
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Insured's Employer	Insured's Employer
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Policy Number	Policy Number
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How did you hear about us?

Doctor Referral: _____
 Patient/Friend: _____

Internet
 TV
 Twitter
 Radio
 Facebook

We offer our patients access to your records through our Patient Portal. If you would like this access, we will send you an email with a link to this portal.

Yes, I would like access to the Patient Portal.
 No, I would not like access to the Patient Portal.

I have read the Notice of Privacy Practices.

Signature: _____ **Date:** _____