

*WELCOME TO
JOHN F. KENNEDY MEDICAL CENTER*

PATIENT MEDICAL RECORD DATA

NEW PATIENT

NEW CLINIC CARD

(PLEASE PRINT INFORMATION HERE)

PAYROLL NUMBER:	
PATIENT LAST NAME:	
FIRST NAME:	
ADDRESS:	
CITY:	
STATE:	
ZIP CODE:	
MARTIAL STATUS:	
RACE:	
SEX:	
DATE OF BIRTH:	
TELEPHONE CONTACT NUMBER:	
EMAIL ADDRESS for PORTAL:	
DOCTOR'S NAME:	
ALLERGIES:	
DIABETIC:	
PATIENT SIGNATURE:	
DATE:	

*****FOR MEDICAL RECORDS USE ONLY*****

MEDICAL RECORD NUMBER: _____