

***Southeast Medical Clinic***  
 641 W. Willoughby Ave, Suite 201  
 Juneau, AK 99801  
 Phone: (907) 586-8100  
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Catherine Peimann, MD  
 Dana Richards, MS, PA-C  
 Anne Standerwick, MD  
 Sarah Niecko, PA-C  
 Bonnie Lash, FNP  
 Jessica Scott, MD

**PATIENT INFORMATION**

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	
Social Security:	
Mailing Address:	
City, State, Zip:	
Home Phone:	Cell Phone:
Employer:	Work Phone:
Which phone do you prefer calls to?	
E-Mail Address:	
Preferred Pharmacy:	
Race:	<input type="checkbox"/> American Indian <input type="checkbox"/> AK Native <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other
Ethnicity:	<input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Not Hispanic/Latin
Preferred Language:	

**EMERGENCY CONTACT**

Name:	
Relationship:	
Mailing Address:	
City, State, Zip:	
Phone:	Alternate Phone:

**INSURANCE INFORMATION**

Self Pay? Yes No

Primary Ins:	Secondary Ins:
Policy ID #	Policy ID #
Group #	Group #
Policyholder Info: <input type="checkbox"/> Self <input type="checkbox"/> Other <i>If other, enter info below</i>	Policyholder Info: <input type="checkbox"/> Self <input type="checkbox"/> Other <i>If other, enter info below</i>
Name:	Name:
Date of Birth:	Date of Birth:
Phone:	Phone:
Address:	Address:
Relationship to Policyholder:	Relationship to Policyholder:
Please give additional insurance info to receptionist.	

