



**Patient Demographic Information:**

Name \_\_\_\_\_  
*First MI Last*

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security number \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Numbers: (circle preferred number)

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Written communication preference:  Mail  Email Preferred Language \_\_\_\_\_

Email Address \_\_\_\_\_ Race \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic

**Emergency Contact:**

Name \_\_\_\_\_ Contact number \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to patient \_\_\_\_\_

*This does not give Sherman County Medical Clinic permission to speak with this person about your medical information EXCEPT in the case of an emergency.*

Other Family members established with our clinic?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If patient is a minor, Parent/Guardian Names \_\_\_\_\_

\_\_\_\_\_

**Marital Status:**

- Married
- Never Married
- Divorced
- Widowed
- Separated
- Domestic Partner
- Other

**Employment :** ( Circle one) Employed Unemployed Student-(Full time or Part time) Retired Child Other

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_