

Patient ID:  
 Visit: Practice Location:

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Preferred or Nickname</b>	
	<i>Mr. Ms. Mrs. Miss</i>			
<b>Maiden Name</b>	<b>Prefix (circle)</b>	<b>Date of Birth</b>	<b>Sex</b>	<b>Soc. Security No.</b>
<b>Marital Status (Circle one) M S W D</b>		<b>Driver's License #</b>		

<b>Race (circle one)</b>		<b>Ethnicity (circle one)</b>	
American Indian/Alaska Native	Nat Hawaiian/Pacific Islander	Declined	
Asain	Other Race	Hispanic/Latino	
Black/African American	White	Not Hispanic/Latino	
Decline	Unkknown	Unknown	

<b>Religious Preference</b>	<b>Primary Language Used (Circle one)</b>			
<b>Preferred Communication</b>	Arabic	French	Italian	Portugese
(Circle one) Email <input type="checkbox"/> Patient Portal <input type="checkbox"/>	Chinese	German	Japanese	Russian
Fax <input type="checkbox"/> Phone <input type="checkbox"/>	English	Greek	Korean	Spanish
Mail <input type="checkbox"/> Text <input type="checkbox"/>	Filipino	Hindi	Polish	Vietnamese

**Address:** \_\_\_\_\_ **City, St., Zip** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Preferred Provider** \_\_\_\_\_

**Preferred Pharmacy Name** \_\_\_\_\_ **Pharmacy Phone #** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Pharmacy Fax #** \_\_\_\_\_  
**City, St.** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Primary Ins:** \_\_\_\_\_ **Policy ID #:** \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Policy Holder Relationship** \_\_\_\_\_

**Secondary Ins:** \_\_\_\_\_ **Policy ID #:** \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Responsible Party** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Address** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Electronic Prescription & Records Consent: Please Circle** Yes  No   
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Initial if Above is Correct** \_\_\_\_\_