

Patient	Responsible Party - <i>if different than patient</i> Patient Relationship <input type="checkbox"/> Child <input type="checkbox"/> Other _____
Today's Date _____ / _____ / 20__	
Legal First Name, Middle	
Legal Last Name	
Date of Birth	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security #	

Mailing/Street Address	
Apt/Bldg/Suite#	
City, State, Zip Code	

Home Phone ()	()
Cell Phone ()	()
Work Phone ()	()
E-mail address	

Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____
Race	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian or other Pacific Islander
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino

	Primary Insurance - <i>if applicable</i>	Secondary Insurance - <i>if applicable</i>
Name of Insurance		
Primary Policyholder Name		
Date of Birth		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

1. Emergency Contact _____ Relationship to Patient _____ Phone () _____

2. Reason for Today's Visit _____

3. Preferred Pharmacy and Location _____

4. Who is your Primary Care Physician (PCP) (Physician that provides annual physicals and preventive medicine screenings for you)?

n/a or Doctor Name and/or Practice Name _____

City _____ State _____ Phone # (if known) () _____

5. If we are not your PCP, would you like notes from today's visit forwarded to your Primary Care Physician (PCP)? yes no

6. If you do not currently have a PCP and you would like for us to be your primary care physician, please check here and we will direct your care towards annual physicals, labwork and preventive screenings in compliance with the American Medical Association guidelines and establish you as a Primary care patient after your first appointment with a PCP. (Please know that we are unable to be Primary Care providers for some patients with certain insurance plans or physical conditions.)