



# Patient Information Form

Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Name of Referring Doctor \_\_\_\_\_

Miss Ms. Mrs. Mr. (Marital Status: Single Married Div Sep Widow Life Partner)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
First Middle Last  
 Address \_\_\_\_\_ County \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Employer \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Preferred Language**

- English
- Spanish
- Unknown
- Other

**Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino
- Refused / Declined

**Race**

- Alaska Native
- American Indian
- Asian
- Black or African American
- Caucasian / White
- Native Hawaiian or Other Pacific Islander
- Multiracial
- Refused / Declined

**New Patient:** How did you learn of our office?

- Family Dr.     Family     Friend     Yellow Page     Insurance List     Other \_\_\_\_\_

**INSURANCE INFORMATION**

Primary Insurance \_\_\_\_\_  
 Primary Policy ID# \_\_\_\_\_  
 Policy Holder Name \_\_\_\_\_  
 Relation \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Vision Plan \_\_\_\_\_

Secondary Insurance \_\_\_\_\_  
 Secondary Policy ID# \_\_\_\_\_  
 Secondary Policy Holder Name \_\_\_\_\_  
 Relation \_\_\_\_\_ Birthdate \_\_\_\_\_

**UNDER 18 YEARS OF AGE OR A STUDENT**

Name of Financially Responsible Person \_\_\_\_\_ Relation \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**PRIVACY RELEASE:** Due to the privacy regulations, permission is required before any information can be shared with others. If you have anyone who could possibly contact our office on your behalf and want us to share your health information, please list their names below.

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Pharmacy \_\_\_\_\_

Do we have permission to leave appointment confirmation on your answering machine?     YES     NO

Signature \_\_\_\_\_