

Today's Date \_\_\_\_\_

NAME: \_\_\_\_\_  
First MI Last

MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 Street City State Zip Code

STREET ADDRESS (if different): \_\_\_\_\_  
 \_\_\_\_\_  
 Street City State Zip Code

PHONE #1: \_\_\_\_\_ This is my (circle): cell home work other  
 It is okay to leave messages regarding my care and upcoming appointments at the above phone number (circle): yes no

PHONE #2: \_\_\_\_\_ This is my (circle): cell home work other  
 It is okay to leave messages regarding my care and upcoming appointments at the above phone number (circle): yes no

EMAIL: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMPLOYMENT STATUS:  Full-time  Part-time  School  Retired  Disabled  Unemployed  Other

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

WITH WHOM DO YOU LIVE? (Please list name and relationship and remember to include pets too!)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ARE YOU:  Single?  Married?  Divorced?  Widowed?  Partnered?  Re-married?

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MY CURRENT PRIMARY CARE PROVIDER NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

MY LAST VISIT WITH MY PCP WAS: \_\_\_\_\_  I don't have a Primary Care Provider

BLOOD TYPE:

A  B  AB  O  Rh+  Unknown

PLEASE LIST ANY ALLERGIES (MEDICINE, FOOD, Etc.) :

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

PATIENT INSURANCE

Insurance Company: \_\_\_\_\_  HMO  PPO

Insurance ID# \_\_\_\_\_ Group ID# \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relation: \_\_\_\_\_

Please bring your insurance card with you to the appointment.

PLEASE LIST ALL MEDICATIONS AND SUPPLEMENTS YOU ARE CURRENTLY TAKING.

Medication/Supplement (please include brand if you know it)	Amount/Day	Reason for taking

PLEASE LIST OTHER HEALTH CARE PROVIDERS YOU SEE:

Provider Name	Type of practitioner/frequency of visits	Contact information

HOW DID YOU HEAR ABOUT ME?  Internet search  Health Care Professional  Brochure

Advertisement \_\_\_\_\_  News Story \_\_\_\_\_

Class or Workshop  Workplace presentation  Fair/Conference  Telephone directory

Another patient/client \_\_\_\_\_ May I thank them for referring you? Yes No

Other \_\_\_\_\_

THANK YOU!