



Patient Information Sheet

Today's Date: _____

First name: _____ Middle initial: _____ Last name: _____

Sex: M F Date of Birth: _____

Address: _____
ADDRESS CITY STATE ZIP

Home phone: _____ Cell phone: _____ Work: _____

E-mail address: _____ Primary Care Physician: _____

Preferred method of communication: Home number Cell number Email Other: _____

Marital Status: Single Married Other: _____ Employment Status: FT PT Retired Other N/A

Place of employment? _____ If minor, who is responsible party? _____

Emergency contact: _____ Relationship: _____
NAME PHONE NUMBER

Do we have permission to contact this person regarding matters concerning your care? Yes No

Ethnicity (check one):

- Non-Hispanic
- Hispanic
- Refused to Report

Primary race (check one):

- White
- Hispanic
- African American/Black
- Asian
- Native American
- Native Hawaiian
- Other Pacific Islander
- Other Race
- Unreported/Refused

Preferred Language (check one): English Spanish Other: _____ Interpreter Needed? Yes No

Do you have an advanced directive such as a living will or medical power of attorney? Yes No

Is your visit with us today due to an automobile accident or work place accident? Yes No

Preferred Pharmacy #1: _____ Mail Order? Yes No
NAME ADDRESS PHONE NUMBER

Preferred Pharmacy #2: _____ Mail Order? Yes No
NAME ADDRESS PHONE NUMBER

ELECTRONIC PRESCRIPTIONS: *Our electronic medical record program accesses your prescription/medication history in order for us to safely prescribe your medication. By signing this, you authorize us to do so.*

Signature: _____ Date: _____
PATIENT/GUARDIAN RELATIONSHIP TO PATIENT

I authorize the office to contact me and leave messages regarding appointment reminders and or health related issues:

- cell phone
- home phone
- text message
- none

Authorization and Assignment: I authorize the release of any medical information necessary to process claims on my behalf, and I authorize payment of insurance benefits to the Physician or Practice for claims submitted on my behalf.

Signature: _____ Date: _____