\*If you have not already, please provide the receptionist with your Driver's License and current Insurance card(s). We have to scan these in every 6 months for billing purposes\*

## **Demographic Information:**

Patient Name:		Marital Status:					
	Last	First		MI			
Date of Birth:_				Social Securit	y Number:	<u> </u>	
Address:						_Apt. #:	
City:		State	e:			_Zip:	
Phone:	Home #:()			Cell #:()			
Gender:	Male			Female			
Race:	White Other:	African Amei		Asian		Native An	nerican
Ethnicity:	Hispanic/Latino	)	Non-His	panic			
Preferred Lang	uage:						
Do you have ar	n Advanced Direc	tive or Living	Will?			YES	NO
If yes p	lease provide ou	ır office a cop	y so we can	put it in your	chart.		
<u>Insurance lı</u>	nformation:						
O Check	the circle if you a	ire the insurar	nce Guarant	or/Card Hold	er		
If not- Guarantor/Card Holder Name:				Relationship:			
Address, if diffe	erent than patier	nt's:					
Date of Birth:Employer:							
Home #:()		_Cell #: <u>()</u>		SS#:			
Message Pe	ermissions:						
Would you like a phone call reminder for upcoming appointments? YES NO							
If yes v	vhich phone num	nber?					
Can we leave a voicemail regarding test results and due appointments? YES NO							
Patient Por	tal:						
Would you like	to have online a	ccess to your	medical red	cords and be a	able to me	ssage your YES	provider?
If yes, please p	rovide email add	ress:					
Signature o	f Patient/Rej	oresentativ	/e		Da	ate:	