

## Patient Demographics

Today's Date  /  Signature of Patient \_\_\_\_\_

Patient Title: (check one)  Mr.  Mrs.  Ms.  Miss.  Dr.  Prof.  Rev.

First Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Please provide at least one phone number.

Home Email \_\_\_\_\_

Work Email \_\_\_\_\_

*By providing my email address, I authorize my doctor to contact me via the email address(es) provided.*

Which email address would you like us to use to communicate with you?  Home  Work

Contact Method for Reminders (check one)

Primary Phone  Secondary Phone  Mobile Phone  Home Email  Work Email

Date of Birth  /  Gender (check one)  Male  Female  Unspecified

Marital Status (check one)  Single  Married  Other

Employment Status (check one)

Employed  FT Student  PT Student  Other  Retired  Self Employed

Race (check one)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Chinese               | <input type="checkbox"/> Korean                                  | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Filipino              | <input type="checkbox"/> Native Hawaiian or other Pacific Island | <input type="checkbox"/> I choose not to specify |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Samoan                                  |  |
| <input type="checkbox"/> Black / African American         | <input type="checkbox"/> Hispanic              | <input type="checkbox"/> Vietnamese                              |  |
|   | <input type="checkbox"/> Japanese              | <input type="checkbox"/> White                                   |  |

Continued on back...

**Multi-Racial** (check one)    Yes    No    Unknown

**Ethnicity** (check one)    Hispanic or Latino    Not Hispanic or Latino    I choose not to specify

**Preferred Language** (check one)

- |   |  |                                   |                                     |  |
|---|--|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> English       | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Polish     | <input type="checkbox"/> Tagalog                 |
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> French        | <input type="checkbox"/> Hindi    | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Urdu                    |
| <input type="checkbox"/> Armenian               | <input type="checkbox"/> French Creole | <input type="checkbox"/> Italian  | <input type="checkbox"/> Persian    | <input type="checkbox"/> Vietnamese              |
| <input type="checkbox"/> Chinese                | <input type="checkbox"/> German        | <input type="checkbox"/> Japanese | <input type="checkbox"/> Russian    | <input type="checkbox"/> I choose not to specify |
|   | <input type="checkbox"/> Greek         | <input type="checkbox"/> Korean   | <input type="checkbox"/> Spanish    |  |

**Verification Question** (choose only one question, then give the answer to that question)

- |   |   |
|---|---|
| <input type="checkbox"/> What is the name of your favorite pet? | <input type="checkbox"/> On what street did you grow up?      |
| <input type="checkbox"/> In what city were you born?            | <input type="checkbox"/> What was the make of your first car? |
| <input type="checkbox"/> What high school did you attend?       | <input type="checkbox"/> When is your anniversary?            |
| <input type="checkbox"/> What is your favorite movie?           | <input type="checkbox"/> What is your favorite color?         |
| <input type="checkbox"/> What is your mother's maiden name?     |   |

**Verification answer to the chosen question** (needs to be longer than 6 characters): \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

**PhoneNumber** \_\_\_\_\_

**Primary Physician** \_\_\_\_\_

**Clinic/Hospital** \_\_\_\_\_