



PATIENT DEMOGRAPHIC & INFORMATION SHEET
PLEASE PRINT LEGIBLY AND COMPLETE ALL INFORMATION

TODAY'S DATE: _____

NAME: _____
(FULL LEGAL NAME: FIRST, THEN LAST NAME)

NICKNAME: _____

(IF ANY)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

GENDER: MALE _____ FEMALE _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ BIRTHDATE: _____

HEIGHT: _____ WEIGHT: _____

MARITAL STATUS: SINGLE _____ MARRIED _____ DIVORCED _____ WIDOWED _____

E-MAIL ADDRESS: _____ @ _____ .

EMPLOYMENT STATUS: EMPLOYED _____ UNEMPLOYED _____ RETIRED _____ DISABLED _____

OTHER (PLEASE EXPLAIN) _____

EMPLOYER: _____

OCCUPATION: _____

WORK PHONE: (____) _____ - _____

WORK ADDRESS: _____

WHO MAY WE THANK FOR REFERRING YOU TO OUR OFFICE?

ADDRESS: _____

PHONE: (____) _____ - _____

EMERGENCY CONTACT PERSON:

(MUST ALSO BE LISTED ON YOUR HIPAA FORM) _____

RELATIONSHIP TO YOU: _____



PHONE NUMBER WHERE THEY CAN BE REACHED (____) _____ - _____

DO YOU LIVE ALONE? YES _____ NO _____ WITH WHOM _____

PRIMARY INSURANCE

COMPANY: _____ PHONE: (____) _____ - _____

CLAIMS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POLICYHOLDER'S NAME: _____

POLICYHOLDER'S DATE OF BIRTH: _____

POLICYHOLDER'S SOCIAL SECURITY NUMBER: _____

ID NUMBER ON CARD: _____ GRP/POLICY NUMBER _____

RELATIONSHIP OF THE PATIENT TO THE POLICYHOLDER: SELF ___ SPOUSE ___ DEPENDANT ___

SECONDARY INSURANCE COMPANY

COMPANY: _____ PHONE: (____) _____ - _____

CLAIMS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POLICYHOLDER'S NAME: _____

POLICYHOLDER'S DATE OF BIRTH: _____

POLICYHOLDER'S SOCIAL SECURITY NUMBER: _____

ID NUMBER ON CARD: _____ GRP/POLICY NUMBER _____

RELATIONSHIP OF THE PATIENT TO THE POLICYHOLDER: SELF ___ SPOUSE ___ DEPENDANT ___

RESPONSIBLE PARTY FOR THIS ACCOUNT? _____

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____

RELATIONSHIP TO THE PATIENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

GENDER: MALE _____ FEMALE _____
