

Adult Patient Demographic

Today's Date ____/____/____

Medical Record # _____

Patient Name: _____ Maiden Name: _____

Sex: **M** or **F** Date of Birth: ____/____/____ Social Security No: ____-____-____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____ Can we contact you via e-mail **YES** or **NO**

Religious Preference: _____ Race: _____

Ethnicity: **Hispanic** or **Non-Hispanic** Language: **English, Spanish, French, Other:** _____

Marital Status: **Single, Married, Divorced, Widowed, Partner, Separated**

Smoker: **Current, Former, Never**

Active Military: **Yes, No, Never**

Occupation: _____ Employer: _____

Emergency Contact(s): _____ Ph # _____

Can we speak with the emergency contact regarding your medical information? **YES** or **NO**

Is it alright for us to leave messages for you on your home answering machine or cell phone? **YES** or **NO**

Do you have a **Living Will?** **Yes** - Type: _____, **NO** or **Unknown**

Referring Physician: _____ Town/Clinic: _____

Primary Care Physician: _____ Town/Clinic: _____

Was an Insurance Referral Obtained: **YES, NO, or NOT NEEDED**

(If an insurance referral was not obtained from your PCP and is required by your insurance, you will be responsible for any charges)

1st Insurance Co: _____

Insured Name: _____ Insured DOB: _____ Effective Date: _____

Policy #: _____ Group #: _____ Relationship to Patient: _____

2nd Insurance Co: _____

Insured Name: _____ Insured DOB: _____ Effective Date: _____

Policy #: _____ Group #: _____ Relationship to Patient: _____

3rd Insurance Co: _____

Insured Name: _____ Insured DOB: _____ Effective Date: _____

Policy #: _____ Group #: _____ Relationship to Patient: _____

Prescription Plan: _____ Plan Number: _____

Preferred Pharmacy: _____ City: _____

Patient Signature: _____

Or

Authorized Legal Representative: _____

For Hospital Use Only:

Copy of Current Insurance Card(s) on file: **Yes or No**

Copy of Photo Id on file: **Yes or No**

Is the Consent to Treat signed?: **Yes or No**

Employee Initials: _____