

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Visit: \_\_\_\_\_



Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Marital Status:**  Single  Married  Divorced  Widowed

**Patient's Email** needed for your access to our **Patient Portal** \_\_\_\_\_  Decline

Who is your **Primary Care Provider?** \_\_\_\_\_ (Your Regular Doctor)

In case of emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Their Home phone: \_\_\_\_\_ Their Work phone: \_\_\_\_\_

<b>Race:</b> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black <input type="checkbox"/> Type-Unknown <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic Orgin <input type="checkbox"/> Non-Hispanic Orgin <input type="checkbox"/> Type-Unknown	What is your preferred Language: _____ <b>Decline to answer:</b> <input type="checkbox"/>
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Employer: _____ Occupation: _____
Employer's Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Ext: _____

Name of Primary Insurance: \_\_\_\_\_

Name of Secondary Insurance: \_\_\_\_\_

Is your visit today related to an accident:  Yes  No

If YES, on what date did the injury occur? \_\_\_\_\_

Was your accident  WC  MVA  Other \_\_\_\_\_

Name of Insurance Carrier to be billed? \_\_\_\_\_

Work Comp / MVA Claim Number: \_\_\_\_\_

<b>Complete this section only if someone other than the patient is financially responsible.</b>
Responsible Party: _____ Relationship to Patient: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Birth Date: _____ Age: _____
Social Security Number: _____
Employer: _____ Occupation: _____
Employer Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Ext: _____

**We will need a copy of your insurance card(s) and driver's license.**