





## PATIENT INFORMATION

Please present your insurance card and a photo ID at time of check-in

Patient's Name : Last \_\_\_\_\_ First \_\_\_\_\_ Gender : M / F  
Social Security Number : \_\_\_\_\_ Date of Birth : (mm/dd/yy) \_\_\_\_\_  
Address : Street Address \_\_\_\_\_ APT \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mobile#  \_\_\_\_\_ Home#  \_\_\_\_\_ Work#  \_\_\_\_\_  
Email Address  \_\_\_\_\_ Occupation : \_\_\_\_\_  
Race : \_\_\_\_\_ Ethnicity : \_\_\_\_\_ Preferred Language : \_\_\_\_\_  
Alternative contact : Name : \_\_\_\_\_ Phone : \_\_\_\_\_ Relationship : \_\_\_\_\_

Pharmacy Name : \_\_\_\_\_ Phone : \_\_\_\_\_  
Address : Street Address \_\_\_\_\_ APT \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Primary Care Doctor Name : \_\_\_\_\_ Phone : \_\_\_\_\_  
Address : Street Address \_\_\_\_\_ APT \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please list any medical problems : \_\_\_\_\_  
Please list any medications you are allergic to : \_\_\_\_\_  
Please list any medications you are taking : \_\_\_\_\_  
Please list any surgeries : \_\_\_\_\_  
Please list any family history of diseases or conditions : \_\_\_\_\_

Smoking Status :  Current Smoker  Former Smoker  Never Smoked

## IF YOU DO NOT HAVE YOUR INSURANCE CARD :

PRIMARY INSURANCE  Yes  No      SECONDARY INSURANCE  Yes  No

Company Name : \_\_\_\_\_  
Relationship to Policy Holder :  
 Self  Spouse  Child  Domestic Partner  
Policy Holder's Name : \_\_\_\_\_  
Social Security Number : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_ Gender : M / F

Company Name : \_\_\_\_\_  
Relationship to Policy Holder :  
 Self  Spouse  Child  Domestic Partner  
Policy Holder's Name : \_\_\_\_\_  
Social Security Number : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_ Gender : M / F

## REASON FOR VISIT

Please check one of the following :  
 Employment related injury     Motor Vehicle Accident     A Physical     Vaccinations     Other

## HOW DID YOU HEAR ABOUT US

Google     Yahoo     Bing     Subway Panel     Online Banner     Yelp     Friend  
 Other(Please Specify) : \_\_\_\_\_