



Date		E Mail Address			
Last Name		First Name		Middle Initial	Nickname
Address		City		State	Zip Code
Marital Status <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> Sep.		Birth Date	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security No.
Home Phone		Work Phone		Cell Phone	
Employment Status <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Student <input type="checkbox"/> Retired		Employer Name or School Name			
Name of Family Doctor and Location				I heard about this clinic from: <input type="checkbox"/> Internet <input type="checkbox"/> Mailing <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Patient <input type="checkbox"/> Other	
Pharmacy Name and Location		Patients Occupation		Patient/Other	
Guarantor's Name & Phone (if minor)		Guarantor's Birth Date (if minor)			
<b>NOTIFY IN CASE OF EMERGENCY (OTHER THAN SPOUSE AND OTHER THAN YOUR ADDRESS)</b>					
Name		Relationship		Phone Number	
Address		City		State	Zip Code
<b>INSURANCE INFORMATION</b>					
<b>1) Primary Insurance Name</b>		<b>Insurance Coverage Start Date</b>		Employment Status of Insured – Check One	
Policy No.		Group No.		<input type="checkbox"/> Full-Time Employment	
Subscriber Name		Subscriber Birthdate		<input type="checkbox"/> Part-Time Employment	
Address (if different from above)				<input type="checkbox"/> Full-Time Student	
City	State	Zip Code	Home Phone	<input type="checkbox"/> Part-Time Student	
Patient Relationship to Subscriber of Insurance		Employer Name/School Name of Insured		<input type="checkbox"/> Not Employed	
2) Secondary Insurance Name		Insurance Coverage Start Date		<input type="checkbox"/> Self-Employed	
Policy No.		Group No.			
Subscriber Name		Subscriber Birthdate		Patient Relationship to Subscriber of Insurance	
				<input type="checkbox"/> Retired	
				<input type="checkbox"/> Active Military Duty	
				<input type="checkbox"/> Unknown	