

Welcome To Our Office

(PLEASE PRINT AND FILL OUT ALL ITEMS COMPLETELY

This document will be shredded once the information is entered into the computer system.

Today's Date

Patient's Name

Date of Birth

How would you like our staff to address you/Nickname?

Male

Female

Home Address

City

State

Zip

Mailing Address

City

State

Zip

Home Phone # ()

Email

Social Security #

Preferred method of contact:

Phone

E-mail

Letter

Race: I refuse to give this info

Caucasian

Black/African American

Hispanic or Latino

Japanese

Asian/Native Hawaiian or Pacific Islander

Chinese

Filipino

American Indian/Alaska Native

Other/undetermined

Ethnicity: Non-Latino

Latino

Preferred language: English

Spanish

Other

Primary Care Physician

Date Last Seen

Preferred Pharmacy

Location

Emergency Contact

Relationship

Home Phone # ()

Complete this section if the patient is a minor, or if someone else is the Primary Policy Holder.

Responsible Party

Relationship to patient

Legal Guardian

Social Security #

Address

City

State

Zip

Date of Birth

Home Phone # ()

Work Phone # ()

How did you hear about our office? (Please check appropriate source)

My Doctor referred me (name)

Insurance Company

Family Member (name)

Friend (name)

I have seen Dr. Schultz before

Our Sign

Our Website

Dex Yellow Pages

Yellowbook Yellow Pages

Front Door Direct Yellow Pages

Google Search

Yahoo Search

Dex Online Search

Radio

Other