

Patient name \_\_\_\_\_

D.O.B. \_\_\_\_\_

**PATIENT INFORMATION SHEET**

Please print

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Is it okay to send mail to this address? (e.g. test results, etc.)  Yes  No

Phone (Home) \_\_\_\_\_

Cell/ pager # \_\_\_\_\_

May we call you?  Yes  No

May we call you?  Yes  No

Is it okay to leave a message?  Yes  No

Is it okay to leave a message?  Yes  No

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone (Work) \_\_\_\_\_ Is it okay to call you at work?  Yes  No

**Emergency Contact** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship To You \_\_\_\_\_

Does this person know you're here, and why? \_\_\_Yes \_\_\_No

Would you like a copy of today's records sent to your regular doctor?  Yes  No

Name of your health care provider: \_\_\_\_\_

Address of your health care provider: \_\_\_\_\_

I consent to the release of my medical records to my physician \_\_\_\_\_

Signature

How did you hear about our clinic? \_\_\_\_\_

(Please be specific: i.e. Seattle Qwest, website, Dr. Smith, etc.)