

PLEASE ANSWER ALL QUESTIONS

AGE _____ BIRTHDATE _____ PLEASE CIRCLE MALE / FEMALE

LEGAL NAME _____
(As listed on your ID/Driver's License) Last First Middle Initial

PATIENT'S SOCIAL SECURITY # _____ PATIENT'S DL/ID# _____

ADDRESS _____ street apt # _____
city state zip code

CELL (_____) _____ HOME (_____) _____

CELL PHONE CARRIER: AT&T SPRINT T-MOBILE VERIZON OTHER _____

EMAIL _____

OCCUPATION _____ EMPLOYER _____

Please mark the ways that you consent to us communicating with you:

*Best Time to Call Examples: morning, afternoon, daytime, evening, emergency only, do not call, or do not leave a message

Method	Ok to Leave Voicemail	Ok to Leave Message with Another Person	Preferred Contact Method(s)	Best Time to Call*
<input type="checkbox"/> Call Home Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	AM / PM / Any
<input type="checkbox"/> Call Cell Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	AM / PM / Any
<input type="checkbox"/> Call Work Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	AM / PM / Any
Ok to send e-mail?		Ok to send Text Messages?		
Email Appointment Reminders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Text Appointment Reminders	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Medical /Schedule Info	<input type="checkbox"/> Yes <input type="checkbox"/> No	Text Medical /Schedule Info Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Office Specials/News	<input type="checkbox"/> Yes <input type="checkbox"/> No	Text Office Specials/News	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list your **Emergency Contact**:

Name	Relationship	Contact Number

HOW DID YOU HEAR ABOUT OUR OFFICE? GOOGLE SEARCH / YELP / OTHER): _____

PLEASE LIST THE NAME IF REFERRED BY: FRIEND / FAMILY / EMPLOYEE _____

REASON FOR CONSULTATION _____