



## PATIENT INFORMATION FORM

Please take a few minutes to complete this form. There may be times when it is urgent that we contact you, so please try to be as complete and accurate as possible, especially with phone numbers. Thank you very much. All information provided is completely confidential.

DATE TODAY \_\_\_\_\_ [Office use: (HH Med Rec # \_\_\_\_\_)]

PATIENT LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SSN# \_\_\_\_\_ RACE \_\_\_\_\_

MARITAL STATUS M S D W \_\_\_\_\_ DRIV LIC. # \_\_\_\_\_ RELIGION \_\_\_\_\_

ETHNICITY (H, NH or D) \_\_\_\_\_ (H - Hispanic, NH - Non-Hispanic or D- Declined)

ADDRESS \_\_\_\_\_ (PO Boxes Not Allowed)

ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

HOME PH.# \_\_\_\_\_ WORK PH.# \_\_\_\_\_ CELL PH.# \_\_\_\_\_

FAX # \_\_\_\_\_ PAGER # \_\_\_\_\_ email: \_\_\_\_\_

PREFERRED PHONE NUMBER M-F 9-5 (circle): **HOME** **WORK** **CELL** **PAGER**

Are you employed? \_\_\_\_\_ If yes, EMPLOYER NAME \_\_\_\_\_

EMPLOYER PH. # \_\_\_\_\_ FAX # \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

YOUR OCCUPATION \_\_\_\_\_

**(If you are married, we need your spouse's information, please)**

SPOUSE/SIG OTHER NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

(if different) HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**HOW DID YOU HEAR OF US?** \_\_\_\_\_

### PHARMACY INFORMATION

PHARMACY NAME: \_\_\_\_\_

PHARMACY STREET ADDRESS: \_\_\_\_\_

PHARMACY CITY,STATE,ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

Do we have permission to import your medication history using our electronic prescription software? YES NO

### EMERGENCY CONTACT INFORMATION (not your spouse/sig other)

CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

#### PERMISSION TO LEAVE DETAILED MESSAGES ON YOUR VOICE MAIL or e-MAIL?

Please sign below if you give us permission to leave messages (such as test results) on your voice mail or e-mail:

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_