



## PATIENT INFORMATION FORM

ACCOUNT #: \_\_\_\_\_

NAME: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT/UNIT#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME/LANDLINE#: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

**\*\*IF YOU WISH TO HAVE YOUR APPOINTMENT REMINDERS TEXTED TO YOU, PLEASE SEE THE FRONT DESK FOR INSTRUCTIONS ON HOW. \*\***

**ONLY APPOINTMENT REMINDERS WILL BE SENT VIA TEXT. IF THE OFFICE NEEDS TO CONTACT YOU FOR ANY OTHER REASON, WE WILL CALL THE NUMBERS ON FILE. IF YOU DO NOT WISH TO HAVE A MESSAGE LEFT WITH WHOEVER ANSWERS THE PHONE (INCLUDING ANSWERING MACHINES) AT EITHER NUMBER PROVIDED, PLEASE CHECK HERE.**

E-MAIL ADDRESS: \_\_\_\_\_

*(Unencrypted e-mails could be read by a third party.)*

DATE OF BIRTH: \_\_\_\_\_ SEX: M F MARITAL STATUS: \_\_\_\_\_

SOCIAL SECURITY NUMBER (OPTIONAL): \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER TELEPHONE NUMBER: \_\_\_\_\_ (EXT) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_