

Date _____ Account # [office use only] _____

Reason for Visit _____

**Patient
Information**

Mr. Mrs. Ms. Miss Married Single Divorced Widowed
 Last _____ First _____ Middle _____
 Maiden Name _____ Preferred Name _____
 Social Security # _____ - _____ - _____ Date of Birth _____ Sex: M F
 Race: American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White
 Ethnicity: Hispanic or Latino Not Hispanic or Latino
 Home Phone _____ Cell Phone _____
 Street _____ City _____
 State _____ Zip _____
 Email: _____
Employed Retired Employer _____ Work Phone _____
 Do you currently live in a nursing home or assisted living? Yes No
 Are you currently enrolled in Hospice Care? Yes No
 If Yes, effective date _____ Name of Hospice Care _____

**Emergency Contact
Physician, Pharmacy**

Emergency Contact Name _____ Relation _____
 Phone _____ Cell Phone _____

Referring Doctor _____ Phone _____
 Primary Physician _____ Phone _____
 Pharmacy _____ Phone _____
 Pharmacy Location _____

Advance Directives

Do you have a Living Will ? Yes No
A Living Will is a legal document detailing one's wishes regarding medical treatment in circumstances in which you are no longer able to express informed consent.

Do you have a Durable Power of Attorney? Yes No
A Durable Power of Attorney is a person who is appointed to handle your health, legal and financial affairs as outlined in a legal document, should you become incapacitated.