

Client Demographic Form

ADULT

Please PRINT

DATE: _____

PATIENT INFORMATION			
LAST NAME	FIRST NAME	MI	NICKNAME
DATE OF BIRTH	SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Life Partner <input type="checkbox"/> Separated <input type="checkbox"/> Long Term Relationship			
HOME ADDRESS	CITY	STATE and ZIP CODE	
HOME PHONE	CELL PHONE	WORK PHONE	
EMAIL ADDRESS			
EMPLOYMENT STATUS <input type="checkbox"/> Employed – Full Time <input type="checkbox"/> Employed – Part Time <input type="checkbox"/> Student – Full Time <input type="checkbox"/> Student – Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Employed <input type="checkbox"/> Disabled <input type="checkbox"/> Other			
EMPLOYER		OCCUPATION	
PHYSICIAN REFERRAL INFORMATION			
PRIMARY CARE PHYSICIAN		PHYSICIAN PHONE NUMBER	
RESPONSIBLE PARTY and INSURANCE INFORMATION			
POLICY HOLDERS NAME	RELATIONSHIP TO PATIENT	POLICY HOLDERS DATE OF BIRTH	
POLICY HOLDERS SOCIAL SECURITY NUMBER	POLICY HOLDERS HOME NUMBER	POLICY HOLDERS WORK NUMBER	
POLICY HOLDERS HOME ADDRESS	CITY	STATE and ZIP CODE	
POLICY HOLDERS EMPLOYER		EMPLOYERS PHONE NUMBER	
INSURANCE CARRIER	POLICY NUMBER	GROUP NUMBER	
Authorization #	Number of Visits Authorized and CPT code	Expires	
EMERGENCY CONTACT INFORMATION			
LAST NAME	FIRST NAME	RELATIONSHIP TO PATIENT	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
METHODS OF COMMUNICATION			
DO WE HAVE PERMISSION TO CONTACT YOU AT WORK?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO WE HAVE PERMISSION TO CONTACT YOU AT HOME?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO WE HAVE PERMISSION TO SEND MAIL TO YOUR HOME?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO WE HAVE PERMISSION TO LEAVE A MESSAGE ON YOUR ANSWERING MACHINE?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO WE HAVE PERMISSION TO SEND YOU EMAIL?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHERE DID YOU HEAR ABOUT RIGHTEOUS OAKS?			