

**PATIENT INFORMATION FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Secondary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work# (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Age: \_\_\_\_\_

Single \_\_\_ Married \_\_\_ Other \_\_\_\_\_ SSN #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy Name & Address \_\_\_\_\_ Phone: \_\_\_\_\_

Person to Notify in Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Okay to disclose medical information to above? \_\_\_ Yes \_\_\_ No

Have you ever been seen by Dr. Kwitko before: \_\_\_ yes \_\_\_ no

Are you under hospice care or in a skilled nursing facility? \_\_\_ yes \_\_\_ no

**RACE**

- \_\_\_\_\_ AMERICAN INDIAN OR ALASKA NATIVE
- \_\_\_\_\_ ASIAN
- \_\_\_\_\_ BLACK /AFRICAN AMERICAN
- \_\_\_\_\_ HISPANIC OR LATINO

- \_\_\_\_\_ WHITE/CAUCASIAN
- \_\_\_\_\_ NATIVE HAWAIIAN/PACIFIC ISLANDER
- \_\_\_\_\_ DECLINED TO PROVIDE
- \_\_\_\_\_ NO RACE SELECTED

**ETHNICITY**

- \_\_\_\_\_ HISPANIC OR LATINO
- \_\_\_\_\_ NO ETHNICITY SELECTED
- \_\_\_\_\_ NON HISPANIC OR LATINO
- \_\_\_\_\_ DECLINED TO PROVIDE

**LANGUAGE** \_\_\_\_\_ ENGLISH \_\_\_\_\_ SPANISH \_\_\_\_\_ OTHER \_\_\_\_\_ NONE SELECTED \_\_\_\_\_ DECLINED

**INSURANCE INFORMATION**

**Primary Insurance Company:** \_\_\_\_\_ Insured Name: \_\_\_\_\_

Policy/Contract No: \_\_\_\_\_ Group No: \_\_\_\_\_

**Responsible Party Name:** \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**Secondary Insurance Company:** \_\_\_\_\_ Insured Name: \_\_\_\_\_

Policy/Contract No: \_\_\_\_\_ Group No: \_\_\_\_\_

**Responsible Party Name:** \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**IF AUTO RELATED (PIP):** \_\_\_\_\_ **D.O.I.** \_\_\_\_\_