



## Patient Demographic Form

Patient Information	
Patient Name (Legal):	Date of Birth:
Patient Cell Phone (if over 18):	Gender:
Patient Street Address:	City, State, Zip Code:
Patient Email Address (if over 18):	
Parents/Legal Guardians	
Parent or Legal Guardian 1	Parent or Legal Guardian 2
Name (Legal):	Name (Legal):
Relation to Patient:	Relation to Patient:
Address (if different):	Address (if different):
Home Phone (if different):	Home Phone (if different):
Birthdate:	Birthdate:
SSN:	SSN:
Occupation:	Occupation:
Employer:	Employer:
Work Phone:            Cell Phone:	Work Phone:            Cell Phone:
Emergency Contact (Other than parent or legal guardian)	
Emergency Contact Name:	Emergency Contact Phone #:
Emergency Contact Relation to Patient:	
Insurance Information	
Primary Insurance:	Primary Insured Name:
Subscriber ID:	Patient's Relationship to Insured:
Group #:	
Secondary Insurance:	Primary Insured Name:
Subscriber ID:	Patient's Relationship to Insured:
Group #:	
Alternative Methods of Contact	
Online Patient Portal Access	Automated Messaging
Primary e-mail address for alerts:	Primary Contact Number:
Relation to Patient:	Relation to Patient:
<i>*Please note, e-mail address must be for a legal parent or guardian only.</i>	Preferred Method of Contact:    voice call         text message

*\*Appointment reminders, recommended appointments and patient follow-up is typically done by automated voice calls, text messages or patient portal secure messages.*