

CONFIDENTIAL PATIENT HEALTH RECORD

Please Print Clearly

TODAY'S DATE: (mm/dd/yy) \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?

- FAMILY \_\_\_\_\_
- DOCTOR \_\_\_\_\_
- INSURANCE PLAN \_\_\_\_\_
- INTERNET /FACEBOOK \_\_\_\_\_
- CO-WORKER \_\_\_\_\_
- HOSPITAL \_\_\_\_\_
- DROVE BY \_\_\_\_\_
- YELLOW PAGES \_\_\_\_\_
- PROXIMITY, (Close to home/work) \_\_\_\_\_

PERSONAL INFORMATION

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

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

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE \_\_\_\_\_

BIRTHDATE: (mm/dd/yyyy): \_\_\_\_\_

AGE: \_\_\_\_\_ SEX:  MALE  FEMALE

SOCIAL SECURITY #: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

EMERGENCY CONTACT

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

RELATIONSHIP:  SPOUSE  RELATIVE  FRIEND  OTHER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

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

EMPLOYMENT INFORMATION

OCCUPATION/JOB TITLE: \_\_\_\_\_

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

CURRENT HEALTH CONDITION

UNWANTED CONDITION: (Why are you here today?) \_\_\_\_\_