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Modern Medicine with a Tender Touch

Patient Information Sheet

Name _____ Date of Birth _____
Today's Date: _____

Gender Female Male Transgender Bigender Other _____
Address: _____
City _____ State _____ Zip Code _____
Home Phone (_____) _____ Cell Phone (_____) _____
Email address: _____
Preferred mode of contact: Home Cell Email May we leave messages? Y N
May we text you? Y N May we call you at work? Y N What hours? _____

Local Pharmacy: _____ Mail Order Pharmacy _____

Marital Status Single Partner Married Divorced Widowed Other Decline
Partner / Spouse Name _____ Date of Birth _____
Who lives with you? _____
Type of housing Apt House Dorm RV Mobile Home Homeless Asst Living Other
Pets? Y N What type? _____

Employment Status Full Time Part Time Student Self-employed Retired
Unemployed Disabled Other
Employer Name _____ Phone (_____) _____
Address _____ City _____ Zip _____
Partner/ Spouse Employer _____ Phone (_____) _____

Emergency Contact Name _____ Relationship _____
Home Phone (_____) _____ Cell Phone (_____) _____

Emergency Contact Name _____ Relationship _____
Home Phone (_____) _____ Cell Phone (_____) _____

May we discuss your health or care with a family Member? Y N
With whom? _____ Phone (_____) _____
With whom? _____ Phone (_____) _____