



BASIC INFORMATION

Full Name: _____

Sex: Male Female Unknown Date of Birth: ____ / ____ / ____

Primary Phone: Home Mobile Work Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Marital Status: _____ Drivers License # and State: _____

DEMOGRAPHICS

Sexual Orientation: _____ Gender Identity: _____

Hispanic or Latino? Yes No Decline to Specify Ethnicity: _____

Race: _____ Language: _____

EMERGENCY CONTACT

Relationship to Contact: _____

Full Name: _____

Primary Phone: Home Mobile Work Phone Number: _____

FINANCIAL INFORMATION

Who will be financially responsible for you? Myself Someone else

If you chose "Someone Else", please fill out the following:

Relationship to Contact: _____

Full Name: _____

Primary Phone: Home Mobile Work Phone Number: _____



Method of Payment

What will be your method of payment? Insurance Self-Pay

If you chose "Insurance", please fill out the following:

PRIMARY INSURANCE POLICY

Insurance Company: _____ Policy Number: _____

Group Number: _____ Insurance Phone Number: _____

Insurance Company Address: _____

City: _____ State: _____ Zip: _____

Relationship to Primary Policy Holder: _____

If you are not the primary policy holder, please fill out the following:

Full Name: _____ D.O.B.: _____/_____/_____

Sex: Male Female Unknown

Address: _____

City: _____ State: _____ Zip: _____

SECONDARY INSURANCE POLICY

If you do not have a secondary insurance policy, you can leave this blank.

Insurance Company: _____ Policy Number: _____

Group Number: _____ Insurance Phone Number: _____

Insurance Company Address: _____

City: _____ State: _____ Zip: _____

Relationship to Secondary Policy Holder: _____

If you are not the secondary policy holder, please fill out the following:

Full Name: _____

Sex: Male Female Unknown Date of Birth _____/_____/_____

Address: _____



PHARMACY INFORMATION

Please list your preferred pharmacies in order of preference:

1. Pharmacy Name: _____
Pharmacy City & Phone Number: _____
2. Pharmacy Name: _____ Mail order Pharmacy
Pharmacy City & Phone Number: _____
3. Pharmacy Name: _____ Mail Order Pharmacy
Pharmacy City & Phone Number: _____