

Last Name: _____ First Name: _____

First Name Used: _____ DOB: _____ SSN: _____

Legal Sex: _____ Assigned at birth: _____ Gender Identity: _____

Preferred Pronoun: he/him she/her they/themSexual Orientation: Lesbian or gay or homosexual Straight or heterosexual Bisexual Something else Don't know Choose not to disclose

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Secondary Number: _____

Email (Not parent email if minor): _____

Language Preference: _____

Race: _____ Ethnicity: _____

Marital Status: _____

PRIMARY INSURANCE

Holder: _____

Group #: _____

Policy: _____

SECONDARY INSURANCE

Holder: _____

Group #: _____

Policy: _____

EMERGENCY CONTACT

Name: _____ Relation: _____

Phone Number: _____ Secondary Number: _____

GUARDIAN(S)

Parent/Guardian 1 Name: _____

Phone: _____ Email: _____

Street Address (if different than patient): _____

City: _____ State: _____ Zip: _____

Parent/Guardian 2 Name: _____

Phone: _____ Email: _____

Street Address (if different than patient): _____

City: _____ State: _____ Zip: _____