



Patient Demographics 2017

Last Name: _____ First Name: _____

Age: _____ Date of Birth: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: Male Female

Parent/Responsible Party: Last Name: _____ First Name: _____

Best Phone Number: _____

May We Text You Regarding Appointment Confirmations? (Circle One) **Yes** **No**

Email Address: _____

Patient Demographic Information:

Preferred Language:

- English
- Other: _____

Race (*Ethnicity*): (Check One or More Boxes)

- White (Not Hispanic or Latino)
- Hispanic or Latino
- Black, African American, Negro
- Native American Indian
- Asian
- Pacific Islander/Hawaiian
- I prefer to leave blank

Signature: _____ Date: _____

Relationship to patient: Parent Guardian Other: _____

