

New Patient Information

| | |
|------------------------|--|
| Name | |
| Mailing Address | |
| Home Phone | |
| Work Phone | |
| Cell Phone | |
| Date of Birth | |
| Social Security Number | |
| Primary Insurance | |
| Secondary Insurance | |
| Are you diabetic? | |

Race: American Indian or Alaska Native

Asian

Black or African American

Hispanic

Native Hawaiian/Other Pacific Island

Caucasian

Ethnicity: Hispanic or Latino

Native Hawaiian/Other Pacific Island

Not Hispanic or Latino

Medical Chart Information

| | |
|---------------------------|-----------------------------------|
| Height: | Do you drink alcohol? |
| Weight: | Do you use narcotics? |
| Are you diabetic? | Have you had a STD? |
| Are you a current smoker? | Have you had a blood transfusion? |