

## Patient Data Form



\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Preferred Name

\_\_\_\_\_  
Middle Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Social Security #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address (cont.)

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
County (e.g. Monroe, Lee, etc.)

### Check All That Apply

- Ag worker:**     Yes     No     Decline
- Homeless:**     Yes     No     Decline
- School-based:**  Yes     No     Decline
- Veteran:**     Yes     No     Decline
- Public housing:**  Yes     No     Decline
- Sexual orientation:**     Straight     Something else  
                                    Gay             Unknown  
                                    Bisexual     Decline
- Gender Identity:**     Male             Other: \_\_\_\_\_  
                                    Female         Decline  
                                    Trans-female: male-to-female  
                                    Trans-male: female-to-male  
                                    Gender non-conforming

**Sex:**     Male     Female

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 **Home Phone**     None

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 **Mobile Phone**     None

Consent to call?  Y  N • Consent to text?  Y  N

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 **Work Phone**     None

**Patient email or Parent/Guardian email (if minor)**

Email **required** for online services (patient portal, app, self-check-in, etc.). Portal features incl. lab results, health info, vitals, problems, secure messaging, med refills, appointments, billing/payments, and more.

**Contact Preference** \_\_\_\_\_

- Mobile Phone             Home Phone  
 Work Phone               Patient Portal     Mail

**Usual or Preferred Provider** \_\_\_\_\_

- (b) = behavioral/mental health      (d) = dental/oral health**
- Dr. Monroe     Dr. Wanee     W. Carroll  
 M. Beach<sup>(b)</sup>     C. Searcy     A. Higginbottom  
 K. Davis         Dr. Koehler     B. Sumerford<sup>(b)</sup>  
 A. Floyd<sup>(b)</sup>     C. Hardin     Dr. Hill<sup>(d)</sup>  
 Dr. Reichenbach "Dr. Bach"<sup>(d)</sup>

**Patient's Marital Status** \_\_\_\_\_

- Married     Single     Divorced  
 Separated     Widowed     Partner

**Language** \_\_\_\_\_

- English     Non-English     Decline

**Race** \_\_\_\_\_

- White             Black             Other Pacific Islander  
 Asian             Decline

**Ethnicity** \_\_\_\_\_

- Non-Hispanic | Latino             South American  
 Hispanic | Latino | Spanish     Puerto Rican  
 Central American                 Mexican  
 Latin American | Latin, Latino     Dominican  
 Cuban                                 Decline



