



Patient Demographic Information:

Name _____
First MI Last

Date of Birth ____/____/____ **Social Security number** ____/____/____ **Male** **Female**

Mailing Address _____ Physical Address _____

City _____ State _____ Zip Code _____

Contact Numbers: (circle preferred number)

Home _____ Cell _____ Work _____ Other _____

Written communication preference: Mail Email Preferred Language _____

Email Address _____ Race _____

Ethnicity: Hispanic Non-Hispanic

Emergency Contact:

Name _____ **Contact number** ____/____/____

Relationship to patient _____

This does not give Sherman County Medical Clinic permission to speak with this person about your medical information EXCEPT in the case of an emergency.

Primary Care Provider and Location?

If patient is a minor, Parent/Guardian Names _____

- Marital Status:**
Married
Never Married
Divorced
Widowed
Separated
Domestic Partner
Other

Employment : (Circle one) Employed Unemployed Student-(Full time or Part time) Retired Child Other

Employer _____ Occupation _____
Address _____ Phone Number _____

Signature _____ **Date** _____