

GASTROINTESTINAL ASSOCIATES, P.C. PATIENT INFORMATION RECORD

Date _____ SS# _____ Age _____

Name: Mr. _____
 Mrs. _____
 Miss _____
 Ms. _____
Last First MI

Address: _____
 Street Address (required) P.O. Box

City State Zip County

Is the above address an Assisted Living Facility or Nursing Home? Yes No

If yes, name of facility: _____

Telephone: Home _____ Employer _____
 Work _____ Employer Address _____
 Cell _____

Text Appt. Reminders Yes No
 Preferred Method of Communication Telephone Email Letter

Patient's Date of Birth _____

Patients's E-mail Address: _____

Emergency Contact Name: _____ Phone #: _____

Sex:	<div style="background-color: #e0e0e0; padding: 2px; margin-bottom: 2px;">Male</div> <div style="background-color: #e0e0e0; padding: 2px;">Female</div>	Marital Status: (check one)	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	Legally Separated <input type="checkbox"/>	Other <input type="checkbox"/>
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Spouse: Name _____ DOB: _____
 Employer _____

Race: (check one) White / Caucasian Native Hawaiian / Other Pacific Islander American Indian or Alaskan Native
 Black / African American Asian More than one race Pt. refuses to report or unavailable

Ethnicity: Not Hispanic Hispanic or Latino Pt. declined or unavailable

Preferred Language _____

Referred by: Doctor _____ Address _____
 Friend _____ Newspaper _____ Other _____ (specify)

Primary Care Physician _____

Insurance Information

Primary insured's name _____ Date of birth _____
 Primary insured's insurance company _____
 Primary insured's ID number _____ Group # _____
 Secondary insured's name _____ Date of birth _____
 Secondary insured's insurance company _____
 Secondary insured's ID number _____ Group # _____

Do you have a Living Will or Advance Directives for Healthcare? _____
 If yes, where is the document located? _____
 Do you have a Durable Power of Attorney for Healthcare? _____
 If yes, where is the document located? _____
 Would you like information regarding a living will? _____