



Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Mothers Maiden Name: \_\_\_\_\_

Gender at birth: **M** \_\_\_\_\_ **F** \_\_\_\_\_

Gender Identity: **M** \_\_\_\_\_ **F** \_\_\_\_\_ **Nonbinary** \_\_\_\_\_ **X** \_\_\_\_\_

Race: \*Please circle\* **White/Caucasian** **African American** **Asian**

**American Indian/Alaska Native** **Hispanic** **Native Hawaiian/ Pacific Islander** **Other:** \_\_\_\_\_

Ethnicity: **Hispanic/Latino** **Not Hispanic/Latino** **Declined to specify/Unknown**

Patient address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contact Information

#### If patient is under 18:

**Primary Contact:** \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

I agree to receive email and/or text notifications for upcoming appointments.

I agree to receive email and/or text notifications for upcoming appointments.

Parents/ Legal Guardians: **Married** **Living together** **Single** **Separated** **Divorced**

\*Please note, legal documentation is required for any custody arrangement\*