

DE BACA FAMILY PRACTICE CLINIC

DEMOGRAPHIC INFORMATION SHEET

NAME: _____ GUARDIAN –IF UNDER 18 _____

MAILING ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOME #: _____ CELL#: _____ SSN#: _____

SEX: MALE FEMALE DOB: _____ PREFERRED COMMUNICATION: ENGLISH SPANISH OTHER _____

MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED PARTNER LEGALLY SEPARATED

RACE: BLACK AFRICAN-AMERICAN ASIAN WHITE AMERICAN INDIAN/ALASKA NATIVE HAWAIIAN NATIVE OTHER PACIFIC ISLANDER

ETHNICITY - ARE YOU? HISPANIC NON-HISPANIC

EMERGENCY CONTACT

NAME: _____ NAME: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

PHONE: _____ PHONE: _____

PATIENT EMAIL: _____ PATIENT OCCUPATION: _____

LEGAL GUARDIAN/HEALTH CARE PROXY: _____ RELATIONSHIP: _____

PRIMARY CAREGIVER: _____ RELATIONSHIP: _____

MEDICAL INSURANCE CARRIER:

PRIMARY INS CO: _____

GROUP#: _____

ID# _____

SECONDARY INS CO: _____

GROUP# _____

ID# _____

DENTAL INSURANCE CARRIER:

PRIMARY INS CO: _____

GROUP#: _____

ID# _____

SECONDARY INS CO: _____

GROUP# _____

ID# _____

PRIMARY CARE PROVIDER:

(CIRCLE ONE)

DR. JACK VICK

DARLENE JENKINS, FNP

LANEY PIERCE, FNP

PREFERRED DENTAL PROVIDER:

(CIRCLE ONE)

DR. MCALLISTER, DDS

DR. NADIA FAZEL, DDS

PREFERRED DENTAL HYGIENIST:

(CIRCLE ONE)

KAREN FOISIE, RDH

CATHY MILLE, RDH

PLEASE CIRCLE YOUR SEXUAL ORIENTATION:

LESBIAN/GAY

STRAIGHT (NOT LESBIAN/GAY)

BISEXUAL

SOMETHING ELSE

DON'T KNOW

CHOOSE NOT TO DISCLOSE

PLEASE CIRCLE YOUR GENDER IDENTITY:

MALE

FEMALE

TRANSGENDER MALE/FEMALE-MALE

TRANSGENDER FEMALE/MALE-FEMALE

OTHER

CHOOSE NOT TO DISCLOSE

WOULD YOU LIKE TO RECEIVE A REMINDER THAT YOU ARE DUE FOR IMMUNIZATION?

YES

NO

VETERAN: YES NO

THE FOLLOWING INFORMATION IS GATHERED FOR NUMBER REPORTING PURPOSES ONLY. If you would like to meet with our Insurance Guide about options available to you, please let us know.

ESTIMATED ANNUAL INCOME FOR YOUR HOUSEHOLD. (CIRCLE ONE)

HOUSEHOLD SIZE: _____

LESS THE \$12,000

\$24,001- \$30,000

\$42,001- \$48,000

MORE THAN \$60,000

\$12,000- \$18,000

\$30,001- \$36,000

\$48,001- \$54,000

REFUSE

\$18,001- \$24,000

\$36,001 - \$42,000

\$54,001- \$60,000

DO YOU HAVE THE FOLLOWING?

IF YES, PLEASE PROVIDE A COPY.

ADVANCE DIRECTIVES: YES NO

DO NOT RESUSCITATE (DNR): YES NO

LIVING WILL: YES NO

OTHER: _____