

**DE BACA FAMILY PRACTICE CLINIC
PO BOX 349, FORT SUMNER, NM 88119
DEMOGRAPHIC INFORMATION SHEET**

NAME: _____		GUARDIAN - IF UNDER 18: _____	
MAILING ADDRESS: _____		CITY: _____	STATE: _____ 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: HISPANIC NON-HISPANIC			
PATIENT EMAIL: _____		PATIENT OCCUPATION: _____	
EMERGENCY CONTACT			
NAME: _____		NAME: _____	
RELATIONSHIP: _____		RELATIONSHIP: _____	
PHONE #: _____		PHONE #: _____	
LEGAL GUARDIAN/HEALTH CARE PROXY: _____		RELATIONSHIP: _____	
PRIMARY CAREGIVER: _____		RELATIONSHIP: _____	
INSURANCE INFORMATION			
MEDICAL INSURANCE CARRIER: _____		DENTAL INSURANCE CARRIER: _____	
GROUP#: _____		GROUP#: _____	
ID#: _____		ID#: _____	
SECONDARY INS CO: _____		SECONDARY INS CO: _____	
GROUP#: _____		GROUP#: _____	
ID#: _____		ID#: _____	
PREFERRED PROVIDER			
PRIMARY CARE PROVIDER: (CIRCLE ONE) DR. JACK VICK, MD DARLENE JENKINS, FNP LANEY PIERCE, FNP		DENTAL PROVIDER: (CIRCLE ONE) DR. MCALLISTER, DDS KAREN FOISIE, RDH DANA PATTERSON, 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 IMMUNIZATIONS? YES NO VETERAN: YES NO	
THE FOLLOWING INFORMATION IS GATHERED FOR NUMBER REPORTING PURPOSES ONLY. <i>If you would like to meet with our Insurance Guide about options available to you, please let us know.</i>			
Estimated Annual Income For Your Household (circle one)		Household Size: _____	
Less than \$12,000	\$24,001 - \$30,000	\$42,001 - \$48,000	
\$12,001 - \$18,000	\$30,001 - \$36,000	\$48,001 - \$54,000	More than \$60,000
\$18,001 - \$24,000	\$36,001 - \$42,000	\$54,001 - \$60,000	Refuse
DO YOU HAVE ONE OF THE FOLLOWING? IF YES, PLEASE PROVIDE US A COPY			
ADVANCE DIRECTIVES: YES NO	DO NOT RESUSCITATE (DNR): YES NO		
LIVING WILL: YES NO	<input type="checkbox"/> PLEASE CHECK BOX IF YOU WOULD LIKE MORE INFORMATION ABOUT ONE OF THESE		

REVISED MARCH 2019