

Demographic Intake Form

(please print)

Patient information:

First name: _____ MI: _____ Last Name: _____

Nickname (Alias): _____ Gender: Male Female

DOB: _____ SSN: _____ Employer: _____

Mailing Address: _____

City/State/Zip: _____ / _____ / _____

Home Phone: _____ Cell Phone: _____

Work Phone/Ext: _____ Email: _____

Appointment Reminder Preference:

We use an automatic dialing messaging system to send reminder notifications of your scheduled appointments. By selecting a box below, you are consenting to receive appointment reminders. You may opt out of this service at any time by notifying our office.

*Please note: If using a wireless service, your carrier may charge you for such calls.

Preference:

- Home Phone
- Cell Phone: Text: Call
- Email
- Please do not remind me of my appointments

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____

Printed Name of Patient/Parent or Legal Guardian

Date

Signature of Patient/Patient or Legal Guardian