

PATIENT FACE SHEET

LAST NAME: _____ **FIRST** _____ **MI** _____

ADDRESS _____

CITY, STATE _____ **ZIP CODE** _____

HOME PHONE _____ **WORK** _____

CELL PHONE _____ **PREFERRED #** _____

EMAIL _____

BIRTH DATE _____ **Male** ___ **Female** ___ **Social Security Number** _____

MARITAL STATUS: **Single** ___ **Married** ___ **Other** _____

LANGUAGE: **English** ___ **Other (Specify)** _____

RACE (census bureau categorization)

White ___ **White Hispanic or Latino** ___ **African American** ___ **Black Hispanic or Latino** ___

American Indian and Alaskan Native ___ **Filipino** ___ **Native Hawaiian** ___

Chinese ___ **Japanese** ___ **Korean** ___ **Other Asian** ___ **Guamanian** ___ **Samoan** ___

Tongan ___ **Other Pacific Islander** ___ **Vietnamese** ___ **Unknown** ___ **Refused** ___

Pharmacy Name _____ **Mail Order** _____

Street Address _____

Phone Number _____

PRIMARY INSURANCE _____ **SECONDARY INS** _____

Group # _____ **Group #** _____

ID # _____ **ID #** _____

EMERGENCY MEDICAL CONTACT _____

NAME

PHONE

SIGNATURE _____ **DATE** _____

BERWALD SURGICAL MEDICAL, INC.

3478 Bridgeland Drive

Bridgeton, MO 63044

Have you received a copy of the Privacy Act?

Yes _____√_____ No _____

Share your personal health information? Yes

List names and relationship of those we may share your information with:

1 _____ Ph # _____

2 _____ Ph # _____

3 _____ Ph # _____

May we leave your personal health information on your answering machine?

Yes _____ No _____

Signature _____ Date _____