



Company Name  
Physical Location Address  
City, State, Zip  
Phone: (123) 456-7890 Fax: (123) 456-7890

**Code: EDL002**

## PATIENT DEMOGRAPHICS

### USING THE TABLET

TO SCROLL UP/DOWN THE FORM, PLACE YOUR FINGER ON THE SCREEN OF THE TABLET AND SLIDE YOUR FINGER UPWARD OR DOWNWARD.

### THE KEYBOARD *if no keyboard is available*

- TAP **INSIDE** A BOX. THIS WILL BRING UP THE KEYBOARD.
- TAP ANYWHERE OUTSIDE OF THE KEYBOARD TO HIDE IT

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

IF YOU ARE A **RETURNING PATIENT, MANY OF THE FIELDS WILL ALREADY BE COMPLETED** AUTOMATICALLY. PLEASE REVIEW CAREFULLY FOR ACCURACY. CHANGE ONLY IF NECESSARY.

ARE YOU (TAP ON A CIRCLE TO MAKE YOUR SELECTION)

A RETURNING PATIENT  A NEW PATIENT

TODAY'S DATE  
\_\_\_\_\_

REASON FOR VISIT  
\_\_\_\_\_

### PATIENT INFORMATION

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_

Ethnicity \_\_\_\_\_ Race \_\_\_\_\_

Patient Address Line 1 \_\_\_\_\_ Patient Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone

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Cell Phone

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Email

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Patient Smoking Status

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Other Tobacco

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## EMPLOYMENT STATUS

Patient Employment Status

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Professional Title

---

Employer Name

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## WHO SHOULD WE CONTACT IN CASE OF AN EMERGENCY?

Emergency Contact Name

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Emergency Contact Relationship to Patient

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Emergency Contact Home Phone

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Emergency Contact Cell Phone

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Emergency Contact Work Phone

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TO CONTINUE TO THE NEXT FORM, PLEASE CLICK ON THE **GREEN NEXT BUTTON** BELOW.

TO GO BACK TO THE PREVIOUS FORM, PLEASE CLICK ON THE **RED BACK BUTTON** BELOW (YOU WILL LOSE ALL INFORMATION IF YOU GO BACK)