

## 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 Name / MI

Last Name

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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

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REASON FOR VISIT

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### PATIENT INFORMATION

Date of Birth

Sex

Social Security Number

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Ethnicity

Race

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Patient Address Line 1

Patient Address Line 2

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City

State

Zip

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Home Phone

Cell Phone

Email

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Patient Smoking Status

Other Tobacco

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## EMPLOYMENT STATUS

Patient Employment Status

Professional Title

Employer Name

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

Emergency Contact Name

Emergency Contact Relationship to  
Patient

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Emergency Contact Home Phone

Emergency Contact Cell Phone

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**)