

Name _____ DOB: _____ Today's Date: _____

Social Sec Number: _____ Doctor (Circle One): KHURI PASLEY GLASS

Address: _____ City: _____ State & Zip _____

Home Phone: _____ Cell Phone: _____ Text Messages OK? _____

E-Mail: _____ (This is required for participation in our patient portal)

Gender: M F Trans Marital Status (Circle One): Single Separated Married Divorced Widowed

Employment Status (Circle One): FULL-TIME PART-TIME RETIRED DISABLED UNEMPLOYED

Employer: _____ Position Held: _____ Work Phone: _____

Primary Care Doctor: _____ Phone: _____

Physician's Location: _____

Preferred Pharmacy: _____ Phone: _____ Location: _____

How did you hear about us? (Circle One): PHYSICIAN: _____

WEBSITE NEWSPAPER TV FRIEND

Emergency Contact: _____ Relationship: _____

Phone: _____ Address: _____

Do you have any of the following Advance Directives*:

It is recommended that you have an Advanced Directive.

_____ Surrogate Decision Maker _____ Living Will _____ Do Not Resuscitate (DNR)

_____ Power of Attorney (POA) _____ NONE OF THE ABOVE

*Please provide appropriate documentation to keep on file in your chart.

If patient is a minor (under 18), this section must be completed:

Financially Responsible Party: _____ Relationship to Patient: _____

DOB: _____ Social Security Number: _____ Phone: _____

Employer: _____ Work Phone: _____