

**NEW PATIENT INFORMATION SHEET**

**Information about the PATIENT:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Sex/Gender:    male             female

Date of birth: \_\_\_ / \_\_\_ / \_\_\_                      Soc. Sec. #: \_\_\_ - \_\_\_ - \_\_\_

HOME ADDRESS: Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

HOME PHONE #: \_\_\_ - \_\_\_ - \_\_\_                      CELL/MOBILE #: \_\_\_ - \_\_\_ - \_\_\_

E-MAIL: \_\_\_\_\_

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

Preferred language: \_\_\_\_\_

Preferred method of contact:

e-mail     home phone     cell             work

Preferred Pharmacy: \_\_\_\_\_ Pharmacy Phone #: \_\_\_ - \_\_\_ - \_\_\_

**Contacts:**

Next of Kin Name: \_\_\_\_\_ Phone #: \_\_\_ - \_\_\_ - \_\_\_

Relationship to Patient: \_\_\_\_\_

Address (if different from the above): \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_ - \_\_\_ - \_\_\_

Emergency Contact Relationship to Patient: \_\_\_\_\_

**Employment:**

Employed:     yes     no

Employer: \_\_\_\_\_ Work Phone #: \_\_\_ - \_\_\_ - \_\_\_ Ext.: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**Physicians:**

Referring Physician: \_\_\_\_\_ Phone #: \_\_\_ - \_\_\_ - \_\_\_

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_ - \_\_\_ - \_\_\_

Appointment reminders and messaging:

I, (initials)\_\_\_\_\_, allow the office of Dr. Emad Asham to send me appointment reminders and messaging to the contact information given above.

- Email reminders and messaging
- Text/SMS reminders and messaging
- Voice reminders and messaging

Name, First Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_