

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
<div></div>	<div></div>	<div></div>

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
<div></div>	<div></div>	<div></div>
Ethnicity	Race	
<div></div>	<div></div>	
Patient Address Line 1	Patient Address Line 2	
<div></div>	<div></div>	
City	State	Zip
<div></div>	<div></div>	<div></div>
Home Phone	Cell Phone	Email
<div></div>	<div></div>	<div></div>
Patient Smoking Status	Other Tobacco	
<div></div>	<div></div>	

EMPLOYMENT STATUS

Patient Employment Status	Professional Title	Employer Name
<hr/>	<hr/>	<hr/>

WHO SHOULD WE CONTACT IN CASE OF AN EMERGENCY?

Emergency Contact Name	Emergency Contact Relationship to Patient	
<hr/>	<hr/>	
Emergency Contact Home Phone	Emergency Contact Cell Phone	Emergency Contact Work Phone
<hr/>	<hr/>	<hr/>

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**)