**Scan into MPI under Chart**

**Patient Name: Date of Birth:**

(First, Middle Initial, Last)

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

Driver’s License # and State: Social Security Number:

**Preferences:**

Ethnicity*: Hispanic or Latino / Not Hispanic or Latino / Other / Decline to Answer*

Race: White / NatAm – AkNat / Asian / Black-AfrAm / Hawaiian-Pac / Decline to Answer

**Primary Language**: English / Spanish / Other: Do you need an interpreter at your visit? Y / N

Do you have any special needs that we should know about to make your visit easier? \_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone #: Other Phone #: Work #:

Physical Address: City: State: Zip:

Mailing Address: City: State: Zip:

Employed (Full or Part Time) / Retired / Unemployed / Student Employer:

(CIRCLE ONE)

Employer Address: City: State: Zip:

Patient Email Address: Marital Status: Single / Married / Widowed / Divorced

**Spouse’s Name (or Parent/Guardian if patient is a minor**):

Phone #: Date of Birth:

Employer: Work #:

**Person Responsible for Account (if other than patient):**

Phone #: Date of Birth:

Physical Address: City: State: Zip:

Mailing Address: City: State: Zip:

Employer: Work #:

**In Case of Emergency Contact:**

**(Nearest Living Relative)**

Phone #: Relationship: *Mother / Father / Child / Sig. Other / Spouse / Other:*

(CIRCLE ONE)

**Second Emergency Contact:** (Relative –or- Non-Relative)

Phone #: Relationship: *Mother / Father / Child / Sig. Other / Spouse / Other:*

(CIRCLE ONE)

***Please give reception a copy of your insurance card and photo ID for your chart.***

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