Whole Life Health Care
NEW DIRECTIONS IN FAMILY MEDICINE

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www.mywholelifehealthcare.com

Confidential Patient Information

LAST NAME________________________________FIRST NAME______________________________MI_____
SEX: M F DATE OF BIRTH: ________________________ SOCIAL SECURITY: ____________________
ADDRESS: ____ APT/SUITE/UNIT # _________
CITY: ___________________________________ STATE: ____________________ ZIP CODE: ______________

- ☐ HOME PHONE: _________________________
- ☐ CELL PHONE: _________________________
- ☐ WORK PHONE: _________________________ (Please mark preferred phone number)

EMAIL ADDRESS: ____
Would you like to receive our monthly newsletter? Y N
Consent has been given to receive automatic phone messages (reminder calls etc.) _______________________
Signature

PHYSICAL ADDRESS (if different than mailing) ____
____

Emergency Contact____
Phone: ________________________Relationship to Patient: ____

If Patient is a Minor, fill in the following:

PARENT/ GUARDIAN #1:_________________________PARENT/ GUARDIAN #2:__________________________
RELATIONSHIP: _______________________________RELATIONSHIP: ______________________________
PHONE: _____________________________________PHONE: ____________________________________

It is the patient's responsibility to know the benefits available under their insurance plan prior to receiving care

INSURANCE COMPANY:____ ☐ POS ☐ PPO ☐HMO
INSURANCE ADDRESS:________________________________ CITY:______________________ STATE:_____
ZIP CODE:_____________ MEMBER ID: _________________________________ CO-PAY:________________
SUBSCRIBER NAME:____________________________________SUBSCRIBER DATE OF BIRTH:_____________
SUBSCRIBER'S RELATIONSHIP TO PATIENT: ☐ SPOUSE ☐ CHILD ☐ PARTNER ☐ OTHER

Under the new Federal Health Care Law of 2011, we have been asked to request the following information from you:

Language (Please check one):
- ☐ English
- ☐ Not English
- ☐ Decline

Race (Please check one):
- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other: _______________
- ☐ Decline

Ethnicity (Please check one):
- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino
- ☐ Decline