



PATIENT DEMOGRAPHICS

Today's Date: ____/____/____

How did you hear about us? our website online search friend/family referral Other: _____
 social media health plan list radio magazine case manager

YOUR INFORMATION

First Name (Legal): Last Name (Legal): MI: DOB: Social Security Number:

Affirming Name: Sex or Gender (At birth): Sex or Gender Identification:

What pronouns do you use? He, Him, His She, Her, Hers They, Them, Theirs Other _____

Race: Ethnicity: Sexual Orientation: Preferred Language:

Marital Status: Single Married Other _____
 Decline Widowed Partnered Spouse/Partner's name: _____

Address: City: State: Zip Code:

Cell Phone: Other Phone: Email: What are your best contact methods for medical concerns and test results?

Who is your primary care provider? (PCP) _____ I don't have one I want Hope & Help to be my PCP

INSURANCE INFORMATION

Insurance Provider: Plan Type: HMO PPO

Policy or Member ID Number: Group Number:

Policy Holder or Subscriber's Name:

PHARMACY INFORMATION

Pharmacy Name:	Address:	Telephone:
		Fax:

EMERGENCY CONTACT

Name:	DOB:	Relationship:	Telephone:
If patient is a minor, please provide parent or guardian information below.			
Parent or Guardian Name:	DOB:	Address:	Telephone:

CONSENT FOR DISCLOSURE

I agree that Hope & Help may disclose my medical information to me and the following individual(s) if I am not physically present, including disclosure by telephone, voicemail, facsimile, text, e-mail or regular mail. I agree to let certain individual(s) participate in discussions and decisions related to my medical care. Therefore, I hereby give my permission for Hope & Help and/or staff to disclose my personal and my medical information to the following individual(s) indicated below. I also understand that this consent may be revoked by me at any time with written notice to Hope & Help.

_____	_____
Patient Signature	Date
_____	_____
Parent or Guardian Signature (Required for patients 17 and younger)	Date

Individuals who my information may be shared with: Do not share with anyone.

_____	_____	_____
Name	Date of Birth	Relationship
_____	_____	_____
Telephone	Email	
_____	_____	_____
Name	Date of Birth	Relationship
_____	_____	_____
Telephone	Email	