

VIBRANT HEALTH FAMILY CLINICS

PATIENT INFORMATION

MRN #

Last	First	Middle	Maiden	Date of Birth MO ____ DAY ____ YR ____
Address			Home Phone #	Sex M ____ F ____
			Email Address*	
UWRF Student <input type="checkbox"/> Yes <input type="checkbox"/> No		CVTC Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone #
Marital Status S M W D		Spouse's Name		Patient Employment Status (check one) <input type="checkbox"/> FT Student <input type="checkbox"/> PT Student <input type="checkbox"/> Retired <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed
DEMOGRAPHICS				
Language (check one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Sign Language <input type="checkbox"/> Unknown/Declined <input type="checkbox"/> Other: _____				
Race (check one) <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Declined <input type="checkbox"/> Unknown				
Ethnicity (check one) <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Declined				
RESPONSIBLE PARTY (if different from above)			(IF STUDENT, INDICATE PERMANENT ADDRESS HERE)	
			Employer Name & Phone #	
Last	First	Middle	Maiden	Date of Birth MO ____ DAY ____ YR ____
			Sex M ____ F ____	
Relationship to Patient ___ Spouse ___ Parent ___ Other		Marital Status S M W D		Employment Status (check one) <input type="checkbox"/> Retired <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed ___ FT Student ___ PT Student
Address			Home Phone #	
			Cell Phone #	
Emergency Contact Name		Date of Birth	Relationship	Phone #
INSURANCE COMPANY NAME				
Subscriber Name				Date of Birth
Policy ID #				

AUTHORIZATION FOR APPOINTMENT REMINDERS: By selecting an appointment reminder type below you are authorizing VHFC to send automated appointment reminders.

Appointment Reminder Methods (Select only 1)

- Telephone Call Telephone Number _____
- Text Message Telephone Number _____
- E-mail Email Address _____

(Office Use) MRN# _____