



Demographics

Today's Date _____

Treating Provider _____

Legal Name

First: _____ Last: _____ MI ____ Jr, Sr, II, III

Address

Street _____ City _____ State _____ Zip _____

Phone

Home _____ Mobile _____

Email _____

Date of Birth _____

Sex (Circle) Male Female Other

Sexual Orientation (Circle)

Straight/Heterosexual Lesbian/Gay/Homosexual Bisexual Queer Pansexual
Asexual Declined to Specify Something else, please describe

Gender Identity (Circle)

Male Female Transgender Male Transgender Female
Neither Exclusively Male or Female Not Sure/Questioning Declined to Specify
Additional gender category, please describe

Race (Circle)

White Black/African American American Indian/Alaska Native Asian
Native Hawaiian/Other Pacific Islander All Other Races Declined to Specify

Language _____

Pharmacy

Name _____

Street _____ City _____ State _____ Zip _____

Family Doctor _____

Social Security # _____

Do you have an Advanced Directive/Living Well (Circle) Yes No

If yes,

Custodian Name _____ Relationship _____

