

Patient Information Sheet (18+) Annual Update Mandatory 1/28/2015



Benton Pediatrics

Today's Date: _____

Patient's Name: _____ **DOB** _____ **Sex** _____

Race _____

Primary Language Spoken _____

Ethnic group (choose one): Hispanic or Latino Not Hispanic or Latino Choose not to disclose

Address

Mailing Address _____

Street

City

State

Zip

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

** What phone number should we call to confirm previously scheduled appointments? _____

Employer _____

Person To Be Notified In Event Of Emergency

Name _____ Relationship _____ Phone# _____

Insurance Information:

Who carries insurance? (Policy Holder) _____ DOB _____

Name of Insurance Company _____

Policy # _____ Group Name and/or # _____

Pharmacy Information:

Name of Pharmacy preferred _____

Location of Pharmacy _____