



FAMILY PLANNING ASSOCIATES MEDICAL GROUP
Patient Demographic Information

Name: _____ Date: _____

Birthdate: _____ Age: _____ County: _____

Address: _____
Street Address City State Zip Code

Telephone Contacts: _____
Message Phone Alternative Number

How do you prefer to be contacted: Telephone US Mail E-Mail: _____

If we need to leave a message would you prefer us to use the code name "Amy"? Yes No

Emergency Contact: _____
Full Name Relation Phone Number

How did you hear about our clinic? _____

Please note that in the event of an emergency or abnormal lab results we will take any means to contact you. If you receive a phone call or letter from our facility please contact us immediately.

What best describes your race: American Indian African American Caucasian
 Asian Native Hawaiian/Pacific Islander Other: _____

Do you descend from Latina/Hispanic origin? Yes No

Are you currently a student? Yes – Full Time Yes – Part Time No

What is your highest level of education completed: 8th grade or less Some High School
 High school graduate Some College College Graduate Post-Graduate Degree

What best describes your marital status: Married Single Other

Are you currently employed? Yes – Full Time Yes – Part Time No

What is your average monthly household income? _____

Do you have health insurance? Yes – Through my job Yes- Through my Parent/Spouse
 Yes – Through Medicaid No – I do not have any form of health insurance

Will you be using your health insurance for your visit today? Yes No

If yes: _____
Name of your insurance company Group Number

Translator's Signature: _____

Please note that this information is requested for statistical purposes only. This information is required by Governmental agencies and private institutions that provide financial assistance to patients. Accordingly, statistical information will be forwarded to them without any unique identifiers that could allow them to discover the individual identity of any one of our patients. Please be assured that your privacy is of the utmost importance to us.

Entered into Centricity: _____