

**- Adult Demographics -**

Date \_\_\_\_\_

Chart Number \_\_\_\_\_

Last Name		First	Middle Initial	Date of Birth	Sex	Social Security Number
Street Address			City	State / Zip Code		
Home Telephone Number ( )		Cell Phone Number ( )		Message Telephone Number ( )		Marital Status <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> Sep
Employer					Work Telephone Number ( )	
Employer's Address						
Spouse's Name				Date of Birth	Social Security Number	
Spouse's Employer					Work Telephone Number ( )	
Local Contact for Emergencies			Relationship to Patient		Emergency Contact Telephone Number ( )	
Race	<input type="checkbox"/> White <input type="checkbox"/> Black / African American		<input type="checkbox"/> Unreported / Refused to report			
	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaska Native		<input type="checkbox"/> Other / Mutually defined _____			
Ethnicity	<input type="checkbox"/> Hispanic or Latino					
	<input type="checkbox"/> All Others / Refused to report					
Do you need help finding a place to live?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a military veteran?	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Insurance Information**

<input type="checkbox"/> Medicaid	Medicaid Number					
<input type="checkbox"/> Medicare	Medicare Number			Retired From		
<input type="checkbox"/> Other	Insurance Name		Group Number	Date of Birth	Social Security Number	
	Employee		Employer			
<input type="checkbox"/> Other	Insurance Name		Group Number	Date of Birth	Social Security Number	
	Employee		Employer			
<input type="checkbox"/> Other	Insurance Name		Group Number	Date of Birth	Social Security Number	
	Employee		Employer			
<input type="checkbox"/> None						

<input type="checkbox"/> Yes	Grace Health offers discounted fees to those who qualify. If you would like information about our Schedule of Discounts Program, please mark "Yes".
<input type="checkbox"/> No	