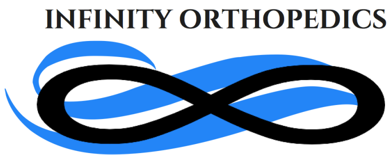

JEFFREY M. WARSHAUER, D.O.
HEATHER A. PEDERSEN, PA-C

WELCOME TO OUR OFFICE. PLEASE FILL OUT THE FOLLOWING FORMS.

DATE______________________________

LAST NAME___________________________FIRST NAME____________________________MIDDLE____________________

DATE OF BIRTH________________________AGE____________GENDER: MALE________FEMALE_________

ADDRESS____APT#_________

CITY____STATE_____________ZIPCODE_________________________

HOME PHONE__________________________CELL PHONE_______________________PREFERRED CONTACT______________

EMAIL ADDRESS__________________________________ SOCIAL SECURITY NUMBER________________________

MARITAL STATUS (PLEASE CHECK) SINGLE________MARRIED________DIVORCED_______WIDOWED________

****

RACE (CHECK)
______WHITE
______BLACK/AFRICAN AMERICAN
______AMERICAN INDIAN/ALASKAN
______NATIVE HAWAIIAN/PACIFIC ISLANDER
______OTHER
______DECLINE TO ANSWER

ETHNICITY (CHECK)
______NON-SPANISH
______SPANISH
______OTHER
______DECLINE TO ANSWER

PRIMARY LANGUAGE________________
COUNTRY__________________________

SECONDARY LANGUAGE______________
COUNTRY__________________________

****

EMPLOYMENT STATUS: EMPLOYED___________RETIRED_______________DISABLED______________

EMPLOYER__________________________________OCCUPATION____

ADDRESS__________________________________CITY___________________________STATE________ZIP CODE___________

PHONE NUMBER_____________________________________

****

PRIMARY PHYSICIAN______________________________________PHONE NUMBER___________________________________

ADDRESS____________________________________CITY_________________________STATE__________ZIP CODE__________

PHARMACY____PHONE NUMBER____________________________________

ADDRESS____________________________________CITY_________________________STATE__________ZIP CODE__________

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EMERGENCY CONTACT___________________________________RELATIONSHIP____

ADDRESS____________________________________CITY_________________________STATE__________ZIPCODE___________

RESPONSIBLE PARTY (IF UNDER 18Y/O)_________________________________RELATIONSHIP_________________________

PHONE NUMBER________________________ADDRESS____

SIGNATURE____