Peter Wenger, MD
Richard Levandowski, MD
Cara Barlis, MD
Richard Kim, MD
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2020 PATIENT DEMOGRAPHICS

Name (First, Last) ____ **MI** ______ ☐ Female ☐ Male

Mailing Address ____ **Apt** ___________

City ____________________________ **State** _____ **Zip** _______ **Marital Status** ☐ Single ☐ Married ☐ Divorced ☐ Widowed

DOB ____/_____/_____ **SS#** _____-____-________ **Language** ☐ English ☐ Other

Primary Care ____ **PCP Phone** (___) ____ - _________

Employer ____________________________ ☐ Full ☐ Part ☐ Self ☐ Retired ☐ Unemployed ☐ Active Military

Student ☐ Full ☐ Part ☐ N/A **School** ____

Race ☐ African American ☐ American Indian ☐ Asian ☐ White ☐ Decline to Specify

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Decline to Specify

E-Mail ____

Emergency Contact Name ______________________________ **Relation** _________ **Phone #** (____) _____-______

INSURANCE INFORMATION

Primary Insurance ____________________________ **ID Number** ________________________________

Subscriber Name ______________________________ **Subscriber DOB** ___/___/_____ **Relation** ______________

Insurance Address _________________________________ **City** _______________ **State** _____ **ZIP** ___________

Secondary Insurance ____________________________ **ID Number** ________________________________

Subscriber Name ______________________________ **Subscriber DOB** ___/___/_____ **Relation** ______________

Insurance Address _________________________________ **City** _______________ **State** _____ **ZIP** ___________

____

PATIENT/PARENT/GUARDIAN SIGNATURE **DATE**