



138 NW 2<sup>nd</sup> Street  
 PO Box 1498  
 Stevenson, WA 98648  
 P. 509.427.3600  
 F. 509.427.3601

<b>Date:</b> _____ (mm/dd/yyyy)	<b>Birthdate:</b> _____ (mm/dd/yyyy)
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### Patient Information

Preferred Name: \_\_\_\_\_

<b>Patient Name:</b> _____ (first name, middle initial, last name)
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Age: \_\_\_\_\_ Gender: • Male • Female  
 Marital Status: • Single • Married • Partnered • Widowed • Divorced • Separated  
 Spouse's or Partner's Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred method of contact for appointment reminders:  
 • Text Message • Call ( Cell Home Work ) • Email

Employment Status: • Full Time • Part Time • Not Currently Working • Retired

Student Status: • Full Time • Part Time • N/A

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Patient: \_\_\_\_\_

This Office Visit is Due to: • Auto Collision • Work Injury • Other Accident • General  
 Financially Responsible Party: • Self • Other-Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us?  
 \_\_\_\_\_

Preferred Language: • English • Spanish • Other

Ethnicity: • Hispanic or Latino • Not Hispanic or Latino • I Decline to Answer  
 Race: • American Indian or Alaska Native • Asian • Black or African American

• White or Caucasian • Native Hawaiian or Pacific Islander • I Decline to Answer