



PATIENT SYSTEM INFORMATION

We are in the process of updating our computer system and please ask that you update the following information.

PATIENT NAME

BIRTHDATE

EMAIL ADDRESS

CELL PHONE NUMBER

PLEASE INDICATE

(PLEASE CHECK ALL THAT APPLY & SIGN AND DATE BELOW)

ETHNICITY (PLEASE CHECK ONE)

- African American
- Hispanic or Latin
- Non-Hispanic or Latin
- White/ Caucasian
- Spanish/ Castilian
- Other: _____
- Refuse to report

LANGUAGE (PLEASE CHECK ALL THAT APPLY)

- English
- Spanish
- Other: _____

PREFERRED PHARMACY

PHARMACY NAME

LOCATION

PHONE #

EMERGENCY CONTACT:

NAME

PHONE #

RELATIONSHIP

CONSENT

With our new system you may receive an automated voicemail reminder, text message or email as an appointment reminder. By signing this form, you are acknowledging that you are aware of this method and that we have your permission to contact you in this manner.

PATIENT SIGNATURE (OR PATIENT'S REPRESENTATIVE)

DATE