

PATIENT DEMOGRAPHIC INFORMATION

Last Name:	First Name:	Middle:
Birthdate:	Age:	Sex:
Address:		
City:	State:	Zip:
Email:		
Phone:	Type: <input type="checkbox"/> Cell, <input type="checkbox"/> Home, <input type="checkbox"/> Work	
Phone:	Type: <input type="checkbox"/> Cell, <input type="checkbox"/> Home, <input type="checkbox"/> Work	
Family Physician:		
Language:		
Race: <input type="checkbox"/> American Indian/Alaska Native, <input type="checkbox"/> Asian, <input type="checkbox"/> Black/African American, <input type="checkbox"/> Native Hawaiian/Pacific Islander, <input type="checkbox"/> Other, <input type="checkbox"/> Unknown, <input type="checkbox"/> White/Caucasian, <input type="checkbox"/> Additional:		
Ethnicity: <input type="checkbox"/> Hispanic/Latino, <input type="checkbox"/> Non Hispanic/Latino, <input type="checkbox"/> Other, <input type="checkbox"/> Unknown, <input type="checkbox"/> Additional:		
Allergies:		
Any Special Medications or Pertinent Information:		

PERSON RESPONSIBLE FOR PAYMENT/CUSTODIAL PARENT/GUARDIAN

Relationship to Patient:			Language:		
Last:	First:	MI:	Employer Name:		
Birthdate:			Address:		
Social Security Number:			City:	State:	Zip:
Email:			Phone:		
Address:			Fax:		
City:	State:	Zip:	Email:		
County:			Status: <input type="checkbox"/> Active Military Duty, <input type="checkbox"/> Full-Time Employed,		
Country:			<input type="checkbox"/> Part-Time Employed, <input type="checkbox"/> Retired, <input type="checkbox"/> Self Employed, <input type="checkbox"/>		
Phone:			Type: <input type="checkbox"/> Cell, <input type="checkbox"/> Home, <input type="checkbox"/> Work		
			Student Full-Time, <input type="checkbox"/> Student Part-Time, <input type="checkbox"/> Unemployed		

AUTHORIZATION TO TREAT

I hereby authorize and consent to the physician or nurse practitioner affiliated with Hancock Physician Network to perform a Sports Physical Examination on my minor child.
 I understand that payment of \$48.00 (cash or check ONLY) is to be made at the time of service.

Signature: _____ Date: _____