PATIENT INFORMATION SHEET

Patient Name: _____ Sex: M / F

Patients' Birthdate: _____/_____/_____ Age: _____
month / day / year

Address: _____

_____ (please include postal code)

Home Phone #: (_____) _____ - _____

Cell Phone #: (_____) _____ - _____ Carrier (ex. Fido, Rogers): _____

E-mail address: _____

School: _____

Sibling(s): _____

Mother's name: _____ Home Phone #: (_____) _____-_____
Address same as patient's above? Yes ____ No ____
If No: _____ (including postal code)

Cell Phone #: (_____) _____ - _____ Carrier (ex. Fido, Rogers): _____

Work Phone #: (____) _____-_____ May we call you at work? Yes____ No____

E-mail address: _____

Father's name: _____ Home Phone #: (_____) _____-_____
Address same as patient's above? Yes ____ No ____
If No: _____ (including postal code)

Cell Phone #: (_____) _____ - _____ Carrier (ex. Fido, Rogers): _____

Work Phone#: (_____) _____-_____ May we call you at work? Yes____ No____

E-mail address: _____

Other Guardian: _____ Relationship to patient: _____
Address same as patient's above? Yes ____ No ___
If No: _____ (including postal code)
Contact Phone #: (_____) _____- _____

In the near future we will begin to send email/text message reminding you of your appointment.

Please circle all the ways you would like to be reminded.

Patient Cell	Patient Email	Both
Mom Cell	Mom Email	Both
Dad Cell	Dad Email	Both