

# MEMPHIS HEART CLINIC DEMOGRAPHIC SHEET

## PATIENT INFORMATION

Patient Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Patient Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

M/F \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Phone # for contacting you Mon-Fri / 8:30 – 5:00 \_\_\_\_\_ Pharmacy Phone # \_\_\_\_\_

Patient Employer \_\_\_\_\_

Emergency contact not living at same address \_\_\_\_\_

Emergency contact phone # \_\_\_\_\_

Referring MD \_\_\_\_\_ Primary MD \_\_\_\_\_

## SPOUSE INFORMATION

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Please list family members or others with whom we may discuss your private health information.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

How may we reach you regarding test results and appointment cancellations? **(please circle one or more)**

Home                  Work                  Mobile                  E-Mail

May we leave a voicemail at the following numbers? **(please circle one or more)**

Home                  Work                  Mobile

May we communicate with you via non-encrypted e-mail regarding protected health information which would include but not be limited to appointments, normal test results, etc.? **Yes    No**

E-Mail Address \_\_\_\_\_

**Upon request, records may be mailed to my home address    Yes    No    \_\_\_\_\_ please initial**

**You may revoke this authorization at any time by contacting the privacy officer of the Memphis Heart Clinic, PLC.**

**X** \_\_\_\_\_ **Date** \_\_\_\_\_

**(Patient/Parent/Guardian Signature)**