

# Utah Natural Medicine

242 S 400 East, Suite A; Salt Lake City, UT 84111 • Tel. 801-363-UTAH (8824)

## PATIENT INFORMATION

Today's Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ Patient Social Security Number: \_\_\_\_\_

Home Phone: (    )    -                      Cell Phone: (    )    -                      Work Phone: (    )    -

Fax: (    )    -                      Email: \_\_\_\_\_

Can we send general information such as a newsletter to you by email? \_\_\_\_Yes\_\_\_\_No

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Residential Address

Mailing Address (if different)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Check One: \_\_\_\_Minor\_\_\_\_Single \_\_\_\_Married \_\_\_\_Divorced\_\_\_\_Widowed\_\_\_\_Separated

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How Did You Hear about the Clinic: \_\_\_\_ Yellow Pages \_\_\_\_Advertisement  
\_\_\_\_Publication/Book \_\_\_\_Acquaintance \_\_\_\_Internet

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IN CASE OF EMERGENCY, WHOM MAY WE CONTACT?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (    )    -                      Cell Phone: (    )    -                      Work Phone: (    )    -

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Complete if Patient is a Minor

Father: \_\_\_\_\_ Home Phone: (    )    -                      Work Phone: (    )    -

Mother: \_\_\_\_\_ Home Phone: (    )    -                      Work Phone: (    )    -

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FINANCIALLY RESPONSIBLE PERSON

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Retired?: \_\_\_\_\_

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