



- 1220 Oak Park Dr., Fort Collins, CO 80525 ~ Phone (970) 223-8687 ~ Fax (970) 225-1574
- 383 W. Drake Rd, #103, Fort Collins, CO 80526 ~ Phone (970) 377-2500 ~ Fax (970) 207-1971
- 1122 9<sup>th</sup> St., #101, Greeley, CO 80631 ~ Phone (970) 353-5203 ~ Fax (970) 353-9441

**PATIENT INFORMATION**

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_  
Last First Sex: M/F Date of Birth Age Social Security Number

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Last First Sex: M/F Date of Birth Age Social Security Number

Patient's Name: \_\_\_\_\_  
Last First Sex: M/F Date of Birth Age Social Security Number

Address: \_\_\_\_\_  
Street City State Zip

How Long? \_\_\_\_\_ Previous Address (If less than 3 yrs.) \_\_\_\_\_

Home Phone: \_\_\_\_\_

**RESPONSIBLE PARTY INFORMATION**

Name: \_\_\_\_\_ Marital Status \_\_\_\_\_  
Last First Middle

Relationship to Patient: \_\_\_\_\_

Residence: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_ (for appointment reminders only)

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Name: \_\_\_\_\_ Marital Status \_\_\_\_\_  
Last First Middle

Relationship to Patient: \_\_\_\_\_

Residence: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_ (for appointment reminders only)

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**EMERGENCY INFORMATION**

Who should we contact in case of an emergency (other than responsible party): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Name of nearest relative not living with you: \_\_\_\_\_ Phone: \_\_\_\_\_