

# Northern Arizona Gastroenterology, P.C.

# Demographic Sheet

77 West Forest Avenue – Suite 210 – Flagstaff, Arizona 86001-1481 – (928) 773-2547 – 1-800-859-2547

LAST NAME		FIRST NAME		M.I.	SEX
MAILING ADDRESS					
CITY		STATE		ZIP CODE	
HOME PHONE		WORK PHONE		CELL PHONE	
DATE OF BIRTH		SOCIAL SECURITY NUMBER		MARITAL STATUS	
EMPLOYER/OCCUPATION Full-Time or Part-Time (circle one) Retired? Yes or No (circle one) Student Status: Full-time or Part-time (circle one)					
PERSONAL EMAIL ADDRESS					
REFERRING PHYSICIAN			PRIMARY CARE PHYSICIAN		
PERSON TO NOTIFY IN CASE OF EMERGENCY WHO IS NOT LIVING WITH YOU WITH TELEPHONE NUMBER					
PHARMACY NAME & FULL ADDRESS			LAB NAME & FULL ADDRESS		
PRIMARY INSURANCE					
POLICY HOLDER NAME/DATE OF BIRTH			RELATIONSHIP TO PATIENT		
ID #/SOCIAL SECURITY #			GROUP #/GROUP NAME		
SECONDARY INSURANCE					
POLICY HOLDER NAME/DATE OF BIRTH			RELATIONSHIP TO PATIENT		
ID #/SOCIAL SECURITY #			GROUP # /GROUP NAME		
RACE      ___ American Indian or Alaska Native ___ Asian ___ Black or African American ___ Native Hawaiian ___ White ___ Refused to report/Unreported ___ Other Pacific Islander ___ More than one (1) race			ETHNICITY      ___ Hispanic or Latino ___ Not Hispanic or Latino ___ Refused to Report/Unreported		
LANGUAGE PREFERENCE					
PERSON N. AZ GASTROENTEROLOGY MAY SPEAK TO REGARDING MY MEDICAL CARE					
RELATIONSHIP			TELEPHONE NUMBER		