



Lakeland Premier Women's Clinic

Name			Today's Date		
Address			Date of Birth		
City	State	Zip	Email Address		
Primary Phone Home Cell Work		Secondary Phone Home Cell Work		Other Phone Home Cell Work	
Employer Name Employed Unemployed <input type="checkbox"/> Retired Student			Marital Status Single Married Partnered Widowed		
Guarantor Name (if other than patient)		Patient Relationship to Guarantor Spouse/Partner Child Other		Guarantor Date of Birth	
Address (if different than patient)			Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Insurance Information					
Primary Insurance Company			Secondary Insurance Company		
Address			Address		
ID number	Group Number	ID number	Group Number		
Group Name or Employer			Group Name or Employer		
Subscriber Name (if other than patient)			Subscriber Name (if other than patient)		
Subscriber Relation to Patient	Date of Birth	Subscriber Relation to Patient	Date of Birth		
Emergency Contact					
Name		Phone Number(s)		Relationship	

How did you hear about Lakeland Premier Women's Clinic?

- Other Doctor
 Online Search
 Advertisement
 Insurance Company
 Friend/Family Member -- Name _____
 Other _____

Race? (Federal Statistics and Administration reporting for medical research purposes)

- I decline to answer
 American Indian or Alaska Native
 Asian
 Two or more races
 Native Hawaiian or Pacific Islander
 Black or African American
 White

Ethnicity? (Federal Statistics and Administration reporting for medical research purposes)

- I decline to answer
 Hispanic or Latino
 Not Hispanic or Latino

Preferred Language _____

Interpreter Needed

Preferred Pharmacy Name & Location _____