

Cornerstone Family Practice

2852 Eyde Pkwy, Suite 175, East Lansing, MI 48823
Phone: 517-333-4600 Fax: 517-333-4996

PATIENT DEMOGRAPHICS

Patient Name:		Date of Birth:	
Address:	City:	State:	Zip Code:
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		Sex:	Age:
Social Security#:	Preferred Phone#:	Secondary Phone#:	
Email Address:		Primary Language:	

Please circle the first and second choice of contact: 1 or 2 Phone - Number:

1 or 2 Text - Cell Number:

Race: (Please check appropriate choice)

- White/Caucasian Asian American Indian/Alaska Native
 Black/African American Native Hawaiian Multi-racial Decline to Report

Ethnicity: (Please check appropriate choice)

- Hispanic/Latin American Non-Hispanic/Latin American Decline to Report

Responsible Party Name:		Date of Birth:		Sex:
Address: (If different than patient)	City:	State:	Zip Code:	
Preferred Phone#:		Secondary Phone#:		

Emergency Contact Name: (Outside of the household)

Preferred Phone#:	Secondary Phone#:	Relationship:
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HEALTH INSURANCE INFORMATION

Primary Insurance	Secondary Insurance
Carrier Name:	Carrier Name:
Subscriber Name:	Subscriber Name:
Date of Birth:	Date of Birth:
Policy ID:	Policy ID:
Group #:	Group #
Co-Pay:	Co-Pay: