

## ADMISSION DEMOGRAPHIC WORKSHEET

<b>ADMISSION INFO</b>		ADMITTING MD: _____			ATTENDING MD: _____		
Admission Date	Admission Time	Medical Record Number	Computer Number	Room Number			
<b>PATIENT DATA - Verify Verbally</b>				If patient under 19 years old -Fill in entire page			
Last Name	First Name	MI	Maiden Name	Previous Last Name			
Social Security Number	Birthdate	Age	Gender M F	Marital Status S M D W Sep.	Home Phone: _____ Cell Phone: _____		
<b>ETHNICITY</b> ____ Hispanic or Latino ____ Non Hispanic or Latino ____ Unknown (Refuses to Respond) ____ Not Asked (Unable to Respond)		<b>RACE</b> ____ White      ____ Black ____ Asian      ____ American Indian ____ Hispanic    ____ Unknown ____ Other _____		<b>PREFERRED LANGUAGE</b> ____ English ____ Spanish ____ Other: _____			
<b>MAILING</b> Address		City	State	Zip			
<b>PHYSICAL</b> Address		City	State	Zip			
Employer Name		Address		Phone Number			
Spouse's Name (Last, First MI)		Spouse's Employer		Address		Phone Number	
Spouse's Social Security		Spouse's Date of Birth		Spouse's Cell Phone Number			
Name of an Emergency contact not listed above:		Address	City	State	Zip	Phone Number	
Relationship to Patient:							
<b>Driver's License:</b> Copied: _____ Does <b>NOT</b> have: _____							
<b>INSURANCE INFO</b>		Card Copied or Scanned _____ Patient does <b>NOT</b> have insurance _____					
Primary Insurance Co. (please copy card)		Name of person who has the policy			Did not bring card _____		
Secondary Insurance Co. (please copy card)		Name of person who has the policy			Did not bring card _____		
If MVA, Car owner's Insurance Co. _____					Unknown _____		
Was another driver involved? No _____ Yes _____ Driver's Name: _____					Unknown _____		
If injured at work will Workmen's Compensation be filed? No _____ Yes _____ NA _____							
<b>ADDITIONAL INFO If a Minor or College Student</b>							
Father's Name (Last, First, MI)			Father's Social Security Number		Father's Date of Birth		
Father's Mailing Address		City	State	Zip	Home Phone Number		
Father's Employer		Employer's Address			Employer's Phone Number		
Mother's Name (Last, First, MI)			Mother's Social Security Number		Mother's Date of Birth		
Mother's Mailing Address		City	State	Zip	Home Phone Number		
Mother's Employer		Employer's Address			Employer's Phone Number		
Parents are: S M D W Sep.		Driver's License of parent. Copied card _____ Did not bring/Does not have _____					

