



250 S Lake St, Suite E  
East Jordan, MI 49727

Phone: 231.222.2121  
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## Patient Demographic Information

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Legal Guardian (patients under 18 yo): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
 Home  Cell  Work  Home  Cell  Work

Email Address: \_\_\_\_\_

**Communication Preferences:** check all that apply

I authorize ARPT to leave messages on my voicemail regarding appointments and other personal information related to my care.

**DO NOT leave personal/confidential information on my voicemail.**

I authorize ARPT to communicate with me via text re: appointments, treatments, and information related directly to my care.

I authorize ARPT to communicate with me via email re: appointments, treatments, and information related directly to my care.

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Work Status:  Employed  Retired  Disabled ( \_\_\_ Total or \_\_\_ Temporary)  Student

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Patient Name Signature of Patient or Responsible Party Date