Okemos Location: 2390 Woodlake Drive, Suite 380; Okemos, MI 48864 P: 517-333-7113 F: 517-333-7125 Brighton Location: 4763 South Old US 23, Suite C1; Brighton MI 48114 P: 810-775-3534 F: 810-775-3549

## Demographics (Please fill out completely, if it does not apply, please mark "N/A".)

Doming april of (Ficase IIII out completely, I	i it does not d	ppry, picuse mark 1474 .	1
Patient's Legal Name:			Date of Birth:
Street Address:			
City:		State:	Zip:
Daytime Phone #:		SS#:	
Email:			
Marital Status: Divorced, Married, Partnered, Separated, Single or Widowed Gender: Female, Male or Transgender			
Employment Status: Active military, Disabled, Full-time, Part-time, Retired, Self-employed, Student, Unemployed			
Responsible Party (If Minor or Guardian):			Date of Birth:
Responsible Party's Street Address:			
City:		State:	Zip:
Emergency Contact:	Relation:		Phone #:
Insurance Information: Please present insurance card(s) for copying to reception.			
Primary Insurance:	Policy #:		
Policy Holder Name:	Phone	#:	Employer:
Policy Holder's Street Address:			
City:	State:	Zip:	Date of Birth:
Secondary Insurance:	Policy #:		
Policy Holder's Name:		Phone #:	Employer:
Policy Holder's Address:			
City:	State:	Zip:	Date of Birth:
Preferred Pharmacy:	Pharmacy Phone #:		
Pharmacy Address:			
Patient's signature			Date

Rev: 03/26/2018

Date

Healthy Minds Witness Signature