DATE STAMP

Finger Lakes COMMUNITY HEALTH
Taking the time to care.

Patient Information			
Last Name:	First Name:	Middle Initial:	Today's Date:
Date of Birth:	Sex at Birth:	Social Security:	Marital Status:

Mailing Address (Mail can be sent here)		
Address:		Apt, Suite, Lot#:
City:	State:	Zip Code:
Home Phone Number:	Cell Phone Number:	Work Phone Number:

Physical Address (Where you live, if different from mailing address)		
Address:		Apt, Suite, Lot#:
City:	State:	Zip Code:

Email Address: _____

By providing your email address, you agree to be signed up to the online patient portal, which will allow you to view your Finger Lakes Community Health medical record, as well as having the ability to communicate electronically with your Finger Lakes Community Health provider. Patients 12 and older cannot use a parent email address for access to the patient portal.

Contact me in the selected methods: only (select only what applies): ☐ No Contact ☐ Mail ☐ Phone ☐ Text Message ☐ Email

Work Status: ☐ Full time ☐ Part time ☐ Self-employed ☐ Not employed ☐ Retired

Employer Name, City, and State (if employed):

Have you ever served (previously or now) in the United States military? ☐ Yes ☐ No ☐ Refused to respond

Student Status: ☐ Not a student ☐ Full Time ☐ Part Time Highest Grade Completed:

Preferred Pharmacy (pharmacy name and city):

Race (select all that apply):
☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Asian

Hispanic Origin: ☐ Yes ☐ No | Primary Language: ☐ English ☐ Spanish ☐ Other:

Living arrangement information:
☐ Not Homeless ☐ Homeless ☐ Doubling Up ☐ Shelter ☐ Transitional Housing __Treatment Facility ☐ Incarcerated ☐ Public Housing

Responsible Party Information (If different from patient)		
Name (if different from patient):		Relationship to Patient:
Address:		Apt, Suite, Lot#:
City:	State:	Zip Code:
Home Phone Number:	Cell Phone Number:	Work Phone Number:

Emergency Contact		
Name		Relationship to Patient:
Home Phone Number:	Cell Phone Number:	Work Phone Number:

For Office Use Only

Information Updated on system by:	Date:

Created by EM: 04/14/2017; edited 11/9/2017; edited 03/22/2018; edited 04/02/2018 em;

EMAIL THIS FORM