



# Medical Pavilion Clinic

2525 Harbor Blvd. Port Charlotte, Fl. 33952  
(941) 629-9190

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
First Name                  Middle Name                  Last Name

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Employment Status: \_\_\_\_\_

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

## Permanent Address:

\_\_\_\_\_  
Address Street                  Apartment                  PO Box Number

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

Home Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Local Address:

\_\_\_\_\_  
First Name                  Middle Name                  Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Local Phone Number

## Preferred Pharmacy:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

## Emergency Contact:

\_\_\_\_\_  
First Name                  Middle Name                  Last Name

\_\_\_\_\_  
Address

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

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

Relation to Patient: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
Last First

## Information we are required to ask:

We are required by the **FEDERAL GOVERNMENT** to ask and collect information on race, ethnicity, sexual identification, gender orientation and language preferences. We appreciate you providing us with this information.

### Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Unreported/ Refused to Report

### Ethnicity:

- Latin/Hispanic
- Not Latin/ Not Hispanic
- Decline

Language Preference: \_\_\_\_\_

- Decline

### Sexual Identification:

- Straight or Heterosexual
- Lesbian, Gay, or Homosexual
- Bisexual
- Something else, please describe
- Don't Know
- Decline

### Gender Orientation:

- Male
- Female
- Transgender male/ Trans man/ Female-to-male
- Transgender female/ Trans woman/Male-to-female
- Genderqueer, neither exclusively male nor female
- Additional gender category/ (or other), please specify
- Decline