



Orchid

MailChimp

PATIENT DEMOGRAPHICS

Name _____ Female _____ Male _____
first middle last

Date of Birth _____ Marital Status (circle one) S M D W

Hm Phone _____ Wk Ph _____ Cell _____

Which phone number would you prefer us to call first? _____

Email _____

* We will be emailing you our current newsletters as well as updated health information.

Mailing Address _____

Place of Employment _____

Emergency Contact _____
name phone number

Relationship _____

How did you hear about our clinic? Please check all that apply.

__ Already a Patient __ Friend: _____

__ SHAPE Website __ JoAnn Seele __ Lisa Holmes

__ Internet/Google Search __ Banners Outside Clinic

__ Phone Book Which One? _____ __ Newspaper __ TV __ Radio

__ Indoor Digital Ad Screens Which One(s)? _____

__ Billboard Which One(s) ? _____

I understand that I will be seen by and will receive diagnosis and treatment from an Advanced Practice Nurse (also known as a "Nurse Practitioner"), Vicki Filz, who is the Director of SHAPE Medical Center. In Colorado, an Advanced Practice Nurse may diagnose, consult, and treat patients in circumstances such as yours without the supervision of a physician or other medical professional. I am aware that Medical Consultation from a licensed physician is available to Vicki Filz if she determines it appropriate in my individual circumstances, but that any licensed physician consulted by her will not be my personal doctor nor available to me for diagnosis, consultation, or treatment. I specifically understand and accept the scope of care to be provided at SHAPE Medical Center.

Patient Signature _____ Date _____

* For office use only *
BD Password: _____