



SHAPE

Medical Center

PATIENT DEMOGRAPHICS

Name _____ Date _____
 first middle last

Female _____ Male _____ Date of Birth _____

SSN# _____ 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 _____

Emergency Contact _____
 name phone number

Relationship _____

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

Already a Patient Friend: _____

Phone Book Which One? _____

Indoor Digital Ad Screens Which One(s)? _____

Billboard Which One(s) ? _____

Newspaper TV Radio

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 _____