

DR. JOY LIU, D. O.
FAMILY PRACTICE

NEW PATIENT DATA SHEET

PLEASE COMPLETE THE ENTIRE SHEET. PRINT LEGIBLY-LEAVE NO BLANKS. THANK YOU

PATIENT NAME: _____
LAST FIRST MIDDLE INITIAL

PATIENT ADDRESS: _____
STREET/PO BOX APT/UNIT/SUITE

CITY STATE ZIP CODE

Race: _____ Ethnicity: _____ Preferred Language: _____

SEX: M F DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

MARITAL STATUS: SINGLE MARRIED WIDOWED SEPARATED DIVORCED

HOME PHONE: _____ CELL: _____ WORK: _____

E-MAIL ADDRESS: _____ Would you like to view your lab results online? __Y__N



HOW DID YOU HEAR ABOUT US?

FAMILY MEMBER: _____ FRIEND: _____ BROCHURE

INSURANCE WEBSITE FLYER _____ YELLOW PAGES OTHER PHYSICIAN _____



PRIMARY INSURANCE: _____

THE SUBSCRIBER OF THE PRIMARY INSURANCE IS: THE PATIENT SPOUSE OTHER

IF PATIENT IS NOT THE SUBSCRIBER, PLEASE ENTER THE SUBSCRIBER'S NAME:

SUBSCRIBER'S RELATIONSHIP TO THE PATIENT: SPOUSE ADULT: SON/DAUGHTER CHILD
MOTHER FATHER

OTHER _____

SUBSCRIBER'S ADDRESS (IF DIFFERENT FROM PATIENT'S ADDRESS): _____

SUBSCRIBER'S BIRTHDATE: _____ SSN # _____

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SUBSCRIBER'S HOME PHONE: _____ CELL: _____



SECONDARY INSURANCE: _____

THE SUBSCRIBER OF THE PRIMARY INSURANCE IS: **THE PATIENT** **OR** **SPOUSE**
OR **OTHER**

IF PATIENT IS NOT THE SUBSCRIBER, PLEASE ENTER THE SUBSCRIBER'S NAME:

SUBSCRIBER'S RELATIONSHIP TO THE PATIENT:

SUBSCRIBER'S ADDRESS (IF DIFFERENT FROM PATIENT'S ADDRESS):

SUBSCRIBER'S BIRTHDATE: _____ SSN #: _____

SUBSCRIBER'S HOME PHONE: _____ CELL: _____



EMERGENCY CONTACT: _____

NAME

RELATIONSHIP TO PATIENT

(H) _____ (C) _____ (W) _____

EMERGENCY PHONE NUMBER

PLEASE PROVIDE A DIFFERENT NUMBER THAN PATIENTS PRIMARY PHONE NUMBER.



PREFERRED PHARMACY: _____

LOCATION:

STREET NAME

CITY