

**SOUTHSIDE OB-GYN, P.C.**  
**DEMOGRAPHIC INFORMATION SHEET**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Marital Status: Single Married Divorced Separated Widowed Preferred Language: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employment Status: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student Status: High School College Fulltime Part time School Name/Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Spouse Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Guardian/Parent Information If Patient Is A Minor**

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

My preferred laboratory is: \_\_\_\_\_

**If no lab is specified, all specimens will be sent to LabCorp.**

My preferred pharmacy is: \_\_\_\_\_

I prefer to be reminded of my appointments:

By Text Message

By E-Mail Message