JEFFERSON COUNTY
(740)283-8530 GENERAL HEALTH DISTRICT
www.jchealth.com
DR. FRANK J. PETROLA HEALTH COMMISSIONER

Public Health
Prevent. Promote. Protect.

Medical Demographics Form

Patient Name:_____
Last name *First Name* *Middle Initial*

Address:_____
 # Street Name *City* *State* *Zip Code*

Home phone :_____ Cell Phone:_____

Work phone:_____ E-Mail:_____

Preferred method of contact?_____

Gender:_____ Social Security number:_____/_____/_____

Date of Birth:_____/_____/_____ Race:_____

Ethnicity: Non-Hispanic or Hispanic (Circle one) Preferred Language:_____

Primary Care Provider:_____

GUARDIAN NAME(S) IF PATIENT IS A MINOR:_____

RELATIONSHIP TO PATIENT: PARENT GRANDPARENT FOSTER PARENT OTHER:_____

PRIMARY CONTACT #:_____ SECONDARY CONTACT:_____

CIRCLE ALL THAT APPLIES TO ABOVE: EMERGENCY CONTACT PRIMARY CARE GIVER LEGAL

NAME OF EMERGENCY CONTACT: (IF DIFFERENT THAN ABOVE)_____

PRIMARY EMERGENCY CONTACT #: (IF DIFFERENT THAN ABOVE)_____