

**GORDON D. ELDER, DC**  
**PATIENT INFORMATION**

**1**

***Basic Information***

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
*First Middle Last*

What do you prefer to be called? \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Gender: Male Female      Age: \_\_\_\_\_      Birth Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_      Racial Heritage: \_\_\_\_\_

Social Security Number: \_\_\_\_\_      Driver's Lic. State & #: \_\_\_\_\_

Occupation: \_\_\_\_\_      Referred by: \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Spouse or Parent/Legal Guardian: \_\_\_\_\_

Insurance: Medicare MediCal Other: \_\_\_\_\_

***Contact Information***

**2**

Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_      Work: (\_\_\_\_)\_\_\_\_-\_\_\_\_      Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_

email: \_\_\_\_\_

Best time and place to contact you: \_\_\_\_\_

**3**

***Emergency Contact***

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_      Work: (\_\_\_\_)\_\_\_\_-\_\_\_\_      Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Best time and place to contact: \_\_\_\_\_

***Signature***

**4**

*The above information is correct to the best of my knowledge.*

Signature: \_\_\_\_\_      Date: \_\_\_\_\_