HealthCircle
Primary Care Clinic
UNIVERSITY OF COLORADO
COLORADO SPRINGS

Patient Information Sheet

Today's Date _______________

Your Full Name: ____ **Your Date of Birth**: ____________________

Mailing Address: ____

City: ____ **State:** _____________ **Zip:** ____________________

Email Address: __________________________________ **Language preference**: ________________________

Preferred Pharmacy: ____________________Rx Location: ____

(____) ________________ Home Cell Work Okay to leave detailed message? Yes / No

(____) ________________ Home Cell Work Okay to leave detailed message? Yes / No

(____) ________________ Home Cell Work Okay to leave detailed message? Yes / No

Please circle all that apply: American Indian/Alaska Native Native Hawaiian/Other Pacific Islander
Black/African American White (Hispanic/Latino YES / NO) Asian More than one race

Emergency Contact Name: ______________________________Phone number: ________________________

Relationship to Patient: ______________Mailing Address: ____

Self-Pay – No Insurance (Please Check Box) ☐

Primary Insurance Company: __________________________________ Policy ID #: ______________________

Group #: ______________________________________ Policy Holder's DOB: _________________________

Policy Holder's SSN: _______________________ Contact Phone Number: (____) ___________________

Policy Holder's Name: _______________________________ Relationship to Patient: ____________________

Mailing Address: _____________________________ City: ____________________ State: ______ Zip: ________

Secondary Insurance Company: __________________________________ Policy ID #: ___________________

Group #: ______________________________________ Policy Holder's DOB: __________________________

Policy Holder's SSN: ____________________________ Contact Phone Number: (____) _________________

Policy Holder's Name: _______________________________ Relationship to Patient: ____________________

Mailing Address: _____________________________ City: ____________________ State: ______ Zip: ________