



Coffey Health System Physician Clinics

309 Sanders ▪ Burlington, KS 66839
(620) 364-5395 ▪ Fax (620) 364-8719 ▪ www.coffeyhealth.org

Date:

A division of Coffey Health System

Patient Information	Patient Information			
	Last Name:	First Name:	M.I.	Previous Name (if applicable):
	Mailing Address:			
	City/State/Zip:			
	Home Phone:	Cell Phone:	Work Phone:	
	E-mail Address:			
	Preferred Method of Contact for Reminder Calls and Other Electronically Generated Messages: (Please Select Only One Option) Voice E-mail Patient Portal Mail Decline			If Voice, Please Select Preferred Number: Home Cell Work
	Primary Care Provider:	Date of Birth (MM/DD/YYYY):		Sex: Male Female Transgender
	Marital Status: Married Divorced Single Other: _____		Social Security Number:	
	Employer Name:	Employer Address:		
	Employer City/State/Zip:			
	Emergency Contact Name (Primary):		Emergency Contact Phone Number (Primary):	
	Emergency Contact Date of Birth (Primary):		Relationship to Patient (Primary):	
	Emergency Contact Name (Secondary):		Emergency Contact Phone Number (Secondary):	
Emergency Contact Date of Birth (Secondary):		Relationship to Patient (Secondary):		
Responsible Party & Additional Information	Responsible Party: If the patient is a minor (under the age of 18), the parent or guardian bringing the patient in will be listed as the guarantor.			
	Last Name:	First Name:	M.I.	Relationship to Patient:
	Date of Birth (MM/DD/YYYY):	Social Security Number:	Phone Number:	
	Address of Person Responsible:			
	City/State/Zip:			
	Additional Information (PLEASE FILL OUT ALL SECTIONS BELOW):			
	Race (please select one): White American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Other Race Black or African American Decline to Answer		Ethnicity (please select one): Hispanic or Latino Not Hispanic or Latino Decline to Answer	

Please be able to provide a government issued photo ID & insurance card(s) at time of service.
Any fees associated with an office visit will be expected to be paid prior to service.