

CCACC Pan Asian Volunteer Health Clinic

Date: _____ (mm/dd/yy)

Patient Demographics 病患个人信息

Family Name 姓: _____ Middle Initial _____ Name in Chinese Character _____

First Name 名: _____ 中文姓名 _____

Date of Birth 出生月/日/年 : _____ SSN #: _____

Marital Status 婚姻狀況: () Single () Married () Widowed () Other _____

Address 地址: _____

City 城市: _____ State 州: _____ Zip 邮编: _____

電話 Home Phone: () _____ Can we leave message 留言? () Yes () No

Work/ Mobile () _____ Can we leave message 留言? () Yes () No

Email: _____ Can we send you information on PAVHC 留言? () Yes () No

Authorize PAVHC to share health information? 授权分享医疗信息 () Yes () No

If yes, name of individual _____; Name of Health Facility _____

Emergency contact name & phone number, different from home 非同住之緊急聯絡人

Name 姓名 _____ Phone 電話 _____ Relationship 關係 _____

Montgomery Care 资格审查信息, 请参考下页

Signature of Patient /Authorized Representative

Print Name