

Gentle Care Health Center
Ellen C. Spinner
15 North Main Street
Mechanicsburg, Ohio 43044

Patient Information

Name (last, first, M.I.) _____ Date _____

Residential Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ SS# _____

Home# _____ OK to leave detailed message Leave callback # only

Cell# _____ OK to leave detailed message Leave callback # only

Employer _____ Occupation _____ Work# _____

Emergency Contact _____ Phone# _____

****The following information is required by the Government for Medical Practices****

Race: American Indian or Alaska Native Asian Black or African American Hispanic
 Native Hawaiian or other Pacific Islander White

Marital Status: Married Single Widow Separated Divorced Other

Employment Status: Employed Full-time Student Part-time Student Retired
 Disabled Homemaker Unemployed

Smoking Status: Current Smoker Former Smoker Never Smoked

Primary Insurance _____ ID# _____

Group# _____ Policy Holder's Name _____

Policy Holder's Date of Birth _____ SS# _____

Relationship Self Spouse Child Other Policy Holder's Phone Number _____

Policy Holder's Address _____

Check box if same as above