

Face Sheet Medical

Patient information	
Patient name:	
Date:	Date of birth:
Age:	Sex:
Marital status:	Ethnic origin:
Address:	
Email:	Phone number:
Emergency contact:	Relationship:
Emergency contact email / phone number:	
Secondary contacts:	Secondary contact email / phone number:
Legal representatives:	
Primary insurance	
Name of insurance:	
Insurance phone number:	
Policyholder name (as it appears on the card):	
Policy number:	
Date of birth:	Social security number:
Group name:	Group number:
Relationship to policyholder (if applicable):	

Secondary insurance	
Name of insurance:	
Insurance phone number:	
Policyholder name (as it appears on the card):	
Policy number:	
Date of birth:	Social security number:
Group name:	Group number:
Relationship to policyholder (if applicable):	
Medical history	
Family health history:	Current medical conditions (including any allergies):
Past medical conditions:	Past surgeries and hospitalizations:
Past and current medications:	Vaccinations:

Patient preferences	
Treatment:	Communication:
Care:	Privacy:
Dietary:	Other:
Additional information	
Clinician name:	Date:
Clinician contact information:	