# Minidoka Medical Center/ RHC

1308 8th Street, suite 1 Rupert, ID 83350 (208) 436-4322 Fax (208)436-1312

## Adult Patient Demographics

Thank you for choosing our office! In order to serve you properly, we need the following information. Please print. All information will be confidential.

Patient Name _____
First MI Last

Date of Birth____/____/____ SSN_____ Male ____ Female ____

Physical _____ _____ _____ _____

Address City State Zip Mailing Address City State Zip

_____ _____ _____ _____

Home Phone cell Phone

_____ _____

Email address

_____

Will you use Patient Portal for communication with your doctor Yeso Noo Marital Status:

Married o Singlen Divorced o Separated o Widowed o Widowed but remarried o Significant Other o

Parent/guarantor date of birth: Phone number if different

_____ _____

Patient's Employer Work Phone

_____ _____

Person to contact in case of emergency? mergency? _____ Phone _____

Relationship to patient:_____

Person who can call and receive patient medical information: (for confidentiality purposes)

Name: Relationship: Phone:

_____ _____ _____

_____ _____ _____

Primary Insurance

_____

Name of _____ _____

Insured Birth-date of Insured Relationship to pt. SSN of insured: _____

ID Number_____ Group # _____

Amount of deductible $ or Co-Pay