



ORCHARD PARK
FAMILY PRACTICE P.C.

3670 SOUTH BENZING ROAD • ORCHARD PARK, NEW YORK 14127
(716) 662-5357 • FAX (716) 662-2774

PATIENT INFORMATION

_____	_____
(Patient Name, Please Print)	(Date of Birth)
_____	_____
(Street Address)	(Preferred Contact Phone #)
	<input type="radio"/> Cell <input type="radio"/> Home
_____	_____
(City, State)	(E-mail Address)

Gender Male Female **Social Security Number** _____

Marital Status Annulled Divorced Domestic Partner
 Legally Separated Married Widowed
 Never Married/Single

Voluntarily, self-identified race White Black/African American Asian
 Native Hawaiian/Pacific Islander Other

Voluntarily, self-identified ethnicity Spanish/Hispanic Origin
 Not of Spanish/Hispanic Origin
 Unknown

Language Preference English Spanish French Other

If under 18 Mother's Maiden Name _____

Responsible Party _____

Address _____

Do You Have Hearing Impairment? Yes No Details: _____

Do You Have Vision Impairment? Yes No Details: _____