



# UNO Health Center Demographics Form

## PATIENT DEMOGRAPHICS

Legal Name <hr/> <i>LAST</i> <i>FIRST</i> <i>INITIAL</i>			Preferred Name <hr/>		
Date of Birth	Sex	Pronouns	Social Security Number	Student ID Number	
Address			City	State	Zip Code
Email					
Home Phone Number		Mobile Number		Work Number	
Appointment Reminder Preference <input type="checkbox"/> Text reminder <input type="checkbox"/> Phone call <input type="checkbox"/> Email reminder					

## GENERAL INFORMATION

Need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Language	Marital Status	Race	Ethnicity
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## EMERGENCY CONTACT

Name		Relationship	
Primary Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Needs an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Language

**PRIMARY CARE PROVIDER**

Provider Name	Address		
Phone Number	City	State	Zip Code

**EMPLOYER**

Employer Name	Employment Status		
Address	City	State	Zip Code

**GUARANTOR INFORMATION** *(person responsible for the bill if patient is under 19 years old)*

Name	Relationship		
Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Date of Birth	Social Security Number	
Address	City	State	Zip Code
Employer Name	Employment Address		Employment Status

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