



Patient Information (Please Print)

575 Rivergate Lane
Durango, CO 81301
(970) 247-3537

Patient Legal Name: _____ **Nickname:** _____
First Middle Initial Last Suffix (Sr. Jr. II)

Date of Birth: _____ **SS#:** _____ **Gender:** Male Female Unspecified

Billing/Mailing Address: _____ **Zip Code:** _____
Street City State

Home/Physical Address: _____ **Zip Code:** _____
Street City State

Primary Phone Number: _____ **Secondary Phone Number:** _____

Would you like to sign up for the Patient Portal? Yes No **Email Address:** _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino Refuse

Race: African American American-Indian Asian Caucasian Pacific-Islander Unknown Refuse

Marital Status: Single Married Widowed Divorced Life Partner **Military:** Active

Primary Language: _____ **Retirement Date/Disabled Date:** _____

Employment Status: Full Time Part Time Not Employed Self Employed Retired Disabled Refuse

Patient Employer: _____ **Employer Phone Number:** _____

Primary Care Physician: _____ **Phone Number:** _____

Is the Patient a Minor? If so, please complete the following

Relationship to Patient: _____

Name of Guarantor: _____ **Date of Birth:** _____
First Middle Initial Last Suffix (Sr. Jr. II)

Gender: Male Female Unspecified **SS#:** _____

Billing/Mailing Address: _____ **Zip Code:** _____
Street City State

Primary Phone Number: _____ **Employer:** _____

Employer Address: _____ **Employer Phone Number:** _____
Street City State

Employment Status: Full Time Part Time Not Employed Self Employed Retired Disabled Refuse

Emergency Contact

Patient Relationship: _____ **Gender:** Male Female Unspecified

Emergency Contact: _____ **Phone Number:** _____
First Middle Initial Last Suffix (Sr. Jr. II)

Please complete shaded area if applicable

Would you like the hospital to notify your physician, family member, or representative of your inpatient admission? Yes No

Physician: _____ **Phone Number:** _____

Family/Representative: _____ **Phone Number:** _____

***Patient Signature:** _____ **Date:** _____