

Hematology Oncology Consultants, Ltd.
Patient Demographic Information

Please complete this form in its entirety, filling in every field.

Please PRINT.

Last Name:		First name:		MI:
Name by which you would like to be called:			Marital Status: S M W D	
SSN:		Date of Birth:	Birthplace:	
Gender: M F		Preferred Language: <input type="checkbox"/> English; Other: _____		
Race (check up to two): <input type="checkbox"/> Caucasian; if so, are you Hispanic/Latino Y N <input type="checkbox"/> African American/Black <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Choose not to respond				
Address:				
Home Phone:		Work phone:	Cell phone:	
Preferred method of contact: <input type="checkbox"/> Home phone; <input type="checkbox"/> Cell phone; <input type="checkbox"/> Email: _____				
Employer:				
Primary Care Physician:			Surgeon:	
Referring MD (if different from above):				
Hospital/Facility where testing/surgery was done:				
Next of kin information				
Last Name:		First Name:		Relationship to you:
<i>If different from yours, please provide:</i>				
Address:				
Home Phone:		Work phone:	Cell phone:	
Emergency contact (someone who does not live with you):				
Last Name:		First Name:		Relationship to you:
<i>If different from yours, please provide:</i>				
Address:				
Home Phone:		Work phone:	Cell phone:	
Hematology Oncology Consultants, Ltd. submits all prescriptions except narcotics electronically. Please indicate your preferred pharmacy where prescriptions can be directed. Please be specific about location of pharmacy (i.e., Walgreens @ Main & Ogden, Downers Grove) and phone number if you know it.				
Preferred Pharmacy:			Pharmacy location/phone:	
Please provide permission to download prescription history electronically. This allows our electronic system to check for drug interactions before we prescribe medications for you.				
<i>I understand and give permission to Hematology Oncology Consultants, Ltd. to download my prescription reimbursement history electronically.</i>				
Signature: X				