



Vitae Family Care Clinic, LLC
 1355 50th St., Suite 100
 West Des Moines, IA 50266-1617
 Phone (515) 225.3261 | Fax (515) 225.1944

NEW PATIENT INFORMATION FORM

Patient Demographics

Name: _____
First Middle Last Maiden

Primary Address: _____
Street Address City State Zip Code

Phone Number: (_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Cell Home Work

Email Address: _____ @ _____

SS#: _____ Date of birth: ____/____/____

PREFERRED METHOD OF CONTACT: _____ (i.e., e-mail, cell phone, home phone, work phone)

Gender: Male Female

Marital Status: Single Married Divorced Widow(er) Engaged

Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White

Ethnicity: Hispanic or Latino Not-Hispanic or Latino

Language: English Spanish Other (please specify) _____

How did you hear about our clinic? _____

Primary Insurance

Company: _____ Group ID # _____ Member ID# _____

Primary Co-pay Amount: \$ _____ Subscriber: _____ DOB: _____

Secondary Insurance

Company: _____ Group ID# _____ Member ID# _____

Primary Co-pay Amount: \$ _____ Subscriber: _____ DOB: _____

Subscriber's SSN: _____ Subscriber's Relation to Patient: _____

Responsible Party

Name: _____ Address: _____

DOB: _____ Email Address: _____

Relationship to patient: _____

TURN OVER

