

MICHIGAN KIDNEY CONSULTANTS, P.C.
PATIENT INFORMATION

Patient Name _____ Gender: Male Female
Last First

Social Security # _____ Date of Birth _____

Marital Status: Single Married Divorced Widowed Separated

Preferred Language: English Other (Please specify) _____

Race: American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
Asian White
Black or African American Prefer Not to Say

Address _____
Street City State ZIP

Home Phone _____ Cell Phone _____

Alternate Phone _____

Email _____

Employment Status: Employed Unemployed Student Retired

Current/Former Occupation: _____

Do you have an Advanced Care Directive (Living Will) in place? Yes No

Emergency Contact _____ Phone _____

If Patient is a minor, Responsible Party _____
Name Relationship

Address _____
Street City State ZIP

Social Security # _____

I understand that I am responsible for all charges for services rendered on my behalf. I understand that I am responsible for the payment of all co-pays and deductibles. I understand that any services not covered by my insurance will become my responsibility.

Signature _____ Date _____