

**DR. MARY CLIFTON, M.D.**

**Please print this form, complete it and bring it  
to the office on the day of your appointment.**

TODAY'S DATE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PATIENT NAME:  
(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_

ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WK. PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ SS# \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?  
\_\_\_\_\_

EMPLOYER (IF APPLICABLE) \_\_\_\_\_ BUS.# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_

PATIENT/GUARDIAN/SPOUSE

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER:  
(WITH TEST RESULTS, ACCOUNT BALANCES/QUESTIONS, APPOINTMENTS, ETC ....)

HOME TELEPHONE # \_\_\_\_\_  
 OK TO LEAVE MESSAGE WITH DETAILED INFORMATION  
 LEAVE MESSAGE WITH CALLBACK NUMBER ONLY

WORK TELEPHONE # \_\_\_\_\_  
 OK TO LEAVE MESSAGE WITH DETAILED INFORMATION  
 LEAVE MESSAGE WITH CALLBACK NUMBER ONLY

MOBILE TELEPHONE # \_\_\_\_\_  
 OK TO LEAVE MESSAGE WITH DETAILED INFORMATION  
 LEAVE MESSAGE WITH CALLBACK NUMBER ONLY

