

Patient Demographics



COLUMBIA GORGE
FAMILY MEDICINE

1750 12th Street
Hood River, OR 97031

Phone: 541-386-5070
Fax: 541-386-7190
Web: www.cgfm.com

Date: _____
(mm/dd/yyyy)

Name: _____
(last name, first name middle initial)

Birthdate: _____
(mm/dd/yyyy)

Sex: Female
 Male

Previous Name: _____
(e.g., maiden name)

Home Address

Address

Address

City, State

Zipcode

Preferred Name: _____
(e.g., nickname)

Patient Contact Information

Home phone: _____ (Please include area code)

Work phone: _____ (Please include area code)

Cell phone: _____

Marital status: Single Married
 Separated Divorced
 Widowed

Secure Web Portal Access

Would you like to access our web portal? Yes
 No

Email: _____
(Required for portal access)

Emergency Contact Information

Name: _____
(last name, first name middle initial)

Relationship: _____

Home phone: _____ (Please include area code)

Work phone: _____ (Please include area code)

Cell phone: _____

Other Contact Information

Name: _____
(last name, first name middle initial)

Relationship: _____

Home phone: _____ (Please include area code)

Work phone: _____ (Please include area code)

Cell phone: _____

Name: _____
(last name, first name middle initial)

Relationship: _____

Home phone: _____ (Please include area code)

Work phone: _____ (Please include area code)

Cell phone: _____

Race

- American Indian or Alaska Native
- Asian
- Native Hawaiian
- Black or African American
- White
- Hispanic
- Other

Ethnicity

- Hispanic
- Non-Hispanic

Preferred Language

- English
- Spanish
- Other: _____

Check here if you to decline to answer: