



TruCare Internal Medicine & Infectious Diseases

Patient Information

Name (Last) _____ (First) _____ (MI) _____

Birthdate: _____ Age: _____ SS# _____ Language: _____

Address: _____

City: _____ State: _____ Zip _____

Home phone: () _____ Cell phone: () _____

Email address (gives you access to the patient portal) _____

Marital Status: Single Minor Married Divorced Separated Widow

Race: _____

Sexual orientation: Heterosexual Homosexual Bisexual Other

Gender Identification: Male Female Transgender male/Trans man/Female-to-male

Transgender female/Trans woman/Male-to-female Genderqueer/Non-binary Other

Insurance Card Holder: Self Spouse Other

*If spouse or other, please provide the following for billing purposes:

Name: _____ DOB: _____ SS#: _____

Employer: _____

Emergency Contact: _____ Relationship: _____

Phone: () _____

Family Physician: _____

Address: _____ Phone: () _____

Pharmacy: _____

How did you hear about us? _____

(IF PATIENT IS A MINOR SEE BACK**)**

135 Midway Drive
DuBois, PA 15801

Phone: 814-371-2348
Fax: 814-372-6089

WWW.Trucareinternalmedicine.com

 *TruCare* Internal Medicine & Infectious Diseases

If patient is a minor, please complete:

Children's Names/Date of birth:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Father's Name: _____ DOB: _____ SS#: _____

Father's Address: _____ Phone: _____

Father's Employer: _____ Phone: _____

Mother's Name: _____ DOB: _____ SS#: _____

Mother's Address: _____ Phone: _____

Mother's Employer: _____ Phone: _____