

# Patient Info.

Legal Name:

Date of Birth:

Primary Care Physician:

PCP Phone Number:

Emergency Contact:

EC Phone Number:

Preferred Name:

Preferred Language:

Assistive Devices used (hearing aid, glasses, etc.):

Three things the patient likes:

- 1.
- 2.
- 3.

Three things the patient dislikes:

- 1.
- 2.
- 3.

Food Preferences:

Personal Care Preferences and Abilities:

