



# Diagnostics Cowles Clinic

*Navicent Health Baldwin*

**Patient:** \_\_\_\_\_  
Last Name First Name Middle Initial

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_

Address \_\_\_\_\_  
City State Zip Code

Best Contact # (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Secondary Contact# (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Email \_\_\_\_\_

Marital Status (please circle one) Single Married Widowed Divorced Legally Separated

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Race \_\_\_\_\_

Employer \_\_\_\_\_ Work # (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Employer Address \_\_\_\_\_  
City State Zip Code

Occupation \_\_\_\_\_

**Emergency Contact (Next of Kin):** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip Code

Telephone # (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Relationship to Patient \_\_\_\_\_

### **REASON FOR VISIT**

\_\_\_\_ Illness \_\_\_\_ Accident \_\_\_\_ Worker's Compensation

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Note: \_\_\_\_\_

**Primary Care Provider:** \_\_\_\_\_