



Cone Health Primary Care at MedCenter Kernersville

1635 NC 66 South, Suite 210
Kernersville, NC 27284
(336) 992-1770 • Fax (336) 992-1776

Name: Last Name First Name Middle Initial Age

Date of Birth: / / SSN:

Gender: Male Female Gender Identity:

Home Address: Street Address Apt # City/State/Zip

Mailing Address: (If different from above) Street Address or PO Box City/State/Zip

Home Phone: () Work Phone: ()

Cell Phone: () Email:

Language: English Spanish Other Needs interpreter: Yes No

Marital Status: Single Married Separated Divorced Widowed

Race: Asian African American American Indian White Other Unknown

Primary Care Provider: Preferred Pharmacy:

Emergency Contact Information

Name: Last Name First Name Middle Initial

Home Address: Street Address Apt # City/State/Zip

Relationship to Patient: Home Phone: ()

Cell Phone: () Work Phone: ()

Patient Employment Information

Employer: Occupation:

Check One: Full-Time Part-Time Work Phone: ()

Work Address: Street Address City/State/Zip

Table with 2 columns: Primary Insurance Information and Secondary Insurance Information. Fields include Insurance Company, SSN#, DOB, Policy No, and Group No.

The undersigned hereby authorizes said Provider(s) to release all information pertaining to patients' treatment to his/her insurance company or companies and to any other physician or health care provider to whom the undersigned may be referred.

Patient/Guardian Signature Date