

Patient Information Sheet
Wendy Kinsey Corning, M.D., LLC
Please print and complete all information

Patient Information:

Name: _____ Today's Date: _____
last, first, middle

Prefix: _____ Credentials: _____ Preferred: _____ Maiden: _____

SSN: _____ Date of Birth: _____ Marital Status: _____

Race: _____ Ethnicity ___ Hispanic or Latino ___ Not Hispanic or Latino
(We ask for Race and Ethnicity solely for quality reporting requirements. You may decline to answer.)

Address Information:

_____ Address, City/State/Zip _____ E-Mail Address _____

_____ Phone: Home _____ Work _____ Cell _____ Other _____

Permission to Contact, May we leave messages using Dr. Corning's or Joan Goodman's name about:

_____ Appointments _____ Availability of Test Results

Please circle the way you would prefer us to contact you and leave messages:

Home Phone Work Phone Cell Phone E-mail

Other Information:

Employer or School: _____ (circle) Part Time or Full Time

Spouse's or Partner's Name & Work Phone: _____

**Emergency Name & Phone: _____

Primary Care Physician: _____

If your insurance is under someone else's name, please enter their address and birth date:

If you need your tests to go to a specific lab: _____

Your preferred pharmacy: _____

Please sign