



## ESTABLISHED PATIENT - CLINIC UPDATE SHEET

Information changes frequently for all of us. This form is a quick form to keep us updated on your contacts, information, and notification preferences. Please write neatly so we get the info correct.

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date Today:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**PCP (primary doctor):** \_\_\_\_\_

Please give a current copy of your insurance card and license or ID (even if we have it on file).

**Current Phone Number:** \_\_\_\_\_

**Secondary Number (in case we can't reach you):** \_\_\_\_\_

**Current Email:** \_\_\_\_\_

**Current Pharmacy:** \_\_\_\_\_

Do we have your **permission to email** you and send reminders for appointments?

Yes  No

Do we have your **permission to text** you and send reminders for appointments?

Yes  No

**Signature:** \_\_\_\_\_