



# NORTH SHORE

Primary Care

Dr. Shana Weiss

Dr. Enrique Saguil

Nancy Chodash, FNP-BC

Ellen Verlen, FNP-BC

**Please Print Clearly**      Date: \_\_\_\_\_

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Marital Status \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Relation \_\_\_\_\_

Local Pharmacy Used \_\_\_\_\_

Address / City \_\_\_\_\_

Mail Order Used:

Medco  CVS/Caremark  Prime Therapeutics

Cigna  Aetna  RightSource

Which category best describes you?

American Indian / Alaska Native

Asian

Black or African American

White/Caucasian

Native American / Pacific Islander

Decline to Answer

Unknown

Primary Insurance \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Policy Holder's Date of Birth \_\_\_\_\_

Secondary Insurance \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

How did you hear about North Shore Primary Care?

\_\_\_\_\_

Do you consider yourself to be Latino / Hispanic?

Yes

No

Prefer not to answer

What Language are you most comfortable speaking?

\_\_\_\_\_