CHARLESTON GI

Charleston Gastroenterology Specialists
Charleston Endoscopy Center
Summerville Endoscopy Center
Lowcountry Endoscopy Center
843-722-8000

PATIENT DEMOGRAPHIC SHEET

(Please complete all fields below)

❑ NEW PATIENT
❑ ESTABLISHED PATIENT

Name: _____ (Last) _____ (First) _____ (Middle) _____ (Nickname)

SS#: _____ Birth Date: _____ Sex: ❑ **M** ❑ **F**

Billing Address: _____ (Street or PO Box) _____ (City) _____ (State, Zip)

County: _____ Race: _____ Preferred Language: _____

Ethnicity: ❑ Hispanic or Latino ❑ Not Hispanic or Latino ❑ Decline to Specify

Cell Phone: _____ Home Phone: _____

Day Phone: _____ Email: _____

Marital Status: ❑ Single ❑ Married ❑ Widowed ❑ Divorced ❑ Other: _____

Spouse Name: _____ DOB: _____ SS#: _____

Primary Care Doctor: _____ Referring Doctor: _____

Pharmacy Name: _____ Pharmacy Phone #: _____

Employer: _____

Emergency Contact: _____ (Name) _____ (Relationship) _____ (Phone #)

Appointment reminders by: ❑ Phone Call ❑ Email ❑ Text (SMS)

Primary Insurance Coverage

Name of Insurance: _____ Member ID#: _____

Name of Subscriber: _____ Subscriber SS#: _____

Subscriber DOB: _____ Relationship to Subscriber: _____

Secondary Insurance Coverage

Name of Insurance: _____ Member ID#: _____

Name of Subscriber: _____ Subscriber SS#: _____

Subscriber DOB: _____ Relationship to Subscriber: _____

Charleston GI uses Roper/St. Francis for laboratory services and AP laboratory for pathology (biopsy) services. If your insurance requires a specific laboratory, please specify: _____ Pathology: _____

Date: _____