



New Patient Information

Patient Name _____

Birthdate _____ Social Security Number _____

Street Address _____

City _____ State _____ Zip code _____

Home phone _____ Work phone _____

Cell phone _____

Email address _____

Preferred method of communication (circle all that apply) Call Text Email

Emergency contact name _____

Emergency contact phone number _____

Employer name _____

Employer address _____

Insurance carrier _____

Group ID _____ Insured _____

(Please continue on next page)



Northern Illinois
VEIN CLINIC
Experience The NIVC Difference

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Decline to Report

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Decline to Report