

*Andrew P. Amunategui, MD, PA*  
*Jose A. Muñoz, MD*

Name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Please circle one of the following: Sex: Male/Female/Transgender

Please circle one of the following: Married/ Single/Divorced/Widowed – Spouse name: \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Business: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

If patient is a minor, who is legally responsible? \_\_\_\_\_

Reason for seeing the Doctor (please complete) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Referred By: (Patient, TV, Website, ect.) \_\_\_\_\_

If referred by a patient, whom may we thank for your visit to our office? \_\_\_\_\_

Have you or any relative been seen by or have met Dr. Amunategui? \_\_\_\_\_

If yes, explain \_\_\_\_\_

**Contact Preference**

\_\_\_\_\_ Email

\_\_\_\_\_ Cell Phone - MAY/MAY NOT (circle one) leave a detailed message on my voice mail or send text messages.

\_\_\_\_\_ At my home, I give you permission to speak with (circle one) anyone/only me or \_\_\_\_\_

\_\_\_\_\_ Please do not call my home

\_\_\_\_\_ I give you permission to email promotions, specials and office events (you may opt-out at any time).

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_