



ASHLAND
FAMILY PRACTICE

Cindy Parks-Landis, FNP
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Patient Information

Today's Date: _____

Name you go by: _____ Date of Birth: _____

Legal Name if different from above (i.e. name on driver's license, needed for insurance purposes):

Last Name: _____ First Name: _____

Middle Name: _____

Social Security #: _____

Gender (i.e. woman, man, nonbinary): _____ Pronouns (i.e. she/her, he/him, they/them): _____

Legal Sex/Gender (i.e. the sex/gender on your driver's license, needed for insurance purposes): _____

Sex Assigned at Birth (i.e. female, male, intersex): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____ Email: _____

Employer: _____ Occupation: _____ Work Phone #: _____

Preferred Contact Method: Home Cell Work Text Email Portal Automated Emails Ok? Yes No

Automated Voice Messages Ok? Home Cell Work No Messages Automated Text Messages Ok? Yes No

Primary Insurance Company: _____ Member ID #: _____ Group #: _____

Policy Holder: _____ Relationship: _____ DOB: _____

Secondary Insurance Company: _____ Member ID #: _____ Group #: _____

Policy Holder: _____ Relationship: _____ DOB: _____

Financially Responsible Party (if other than self):

Name: _____ Relationship: _____ DOB: _____ Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

What is the reason for your visit today? _____

Provider Requesting:

Cynthia (Cindy) Parks-Landis, FNP

Jennifer Moss, FNP

Anne Taylor, FNP

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