RIPON Family Physicians

Daryl Dutter, M.D. Kent Hufford, M.D. J. Jeffrey Daley, M.D.

PO Box 210 | 150 Vera Avenue Ripon, CA 95366

p: (209) 599-4211 | f: (209) 599-7348 | www.RiponDocs.com

Date_____

Last Name_____ **First Name**_____ **MI**____

Date of Birth_____ **Sex: M / F** **Social Security #**_____

Address_____ **City**_____ **State**____ **Zip**_____

Mailing Address (if different) _____

☐**Home Phone**_____ ☐**Work Phone**_____ ☐**Cell Phone**_____
(Check box for ***primary*** phone number)

Email_____ **Communication Preference:** ☐ Phone ☐ Mail ☐ Portal

Occupation_____ **Employer**_____ ☐**Retired** ☐**Student**

Preferred Pharmacy_____

Preferred Language_____ **Other Languages Spoken**_____

Race: ☐ White ☐ Black ☐ Asian ☐ Hawaiian ☐ Indian/Alaskan ☐ Pacific Isle ☐ Other/Multi

Ethnicity: ☐ Non-Hispanic ☐ Hispanic

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Emergency Contact_____ **Phone**_____ **Relationship**_____

Emergency Contact_____ **Phone**_____ **Relationship**_____

Primary Insurance_____ **ID#**_____

Policy Holder Name (if different from patient) _____ **Relationship**_____

Policy Holder's Birthdate_____ **Policy Holder's SS#**_____

Other Family Members in Household (if applicable):

Spouse Name_____ **Parent's Names**_____

Children _____

Siblings _____