



Paul A. Blair, M.D., Inc.

Patient Information

Date: _____

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Male/Female

Marital Status: ☐ Married ☐ Single ☐ Other

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work: () _____ Cell: () _____

Do you have Text Messaging? { } Yes { } No

Email: _____

(Appointment confirmations are also sent via Text Messaging.)

Any restrictions for contacting you? { } Yes { } No

Preferred Method of contact: _____

Employer Name: _____ Occupation: _____

Spouse: _____

Employer: _____ Occupation: _____

Nearest friend or relative NOT living with you to contact in an emergency:

Name: _____ Phone: () _____ Relation: _____

How did you hear about Dr. Blair?

(Mark all that apply)

{ } TV News { } TV Ad { } Phone Book { } Magazine { } Newsletter

{ } Internet { } Seminar { } Salon { } Other { } Doctor: _____

{ } Friend/Relative: _____ { } Other: _____

If you were referred by a specific person, may we thank them? { } Yes { } NO