



13923 W. Wainwright Dr., Suite 301 / Boise, ID 83713-1969 / (208) 938-5624
128 E. Mallard Dr. / Boise, ID 83706-3975 / (208) 323-8660

Denton R. Roberts, M.D. / James B. Earl, M.D., Ph.D. / Daniel J. Gealy, M.D.

PATIENT DEMOGRAPHIC FORM

Date _____ New Patient: Y N Updating Information: Y N

Last Name _____ First Name _____ MI _____ Nickname _____

SSN _____ Birthdate _____ Sex: M F Marital Status _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Race (circle one): Caucasian/ White African American American Indian or Alaska Native Asian

Hispanic or Latino Multi-racial Other Race _____ Prefer not to report

Are you currently residing in a Skilled Nursing Facility? Y N Facility Name _____

Are you enrolled in a Hospice Program? Y N Date Enrolled _____

Patient's Family Physician _____ Address/Phone _____

Patient's Employer _____ Occupation _____

Employer's Address _____ Work Phone _____

Spouse's Legal Name _____ SSN _____ Birthdate _____

Address (if different) _____ Home Phone _____ Cell _____

Spouse's Employer & Address _____ Work Phone _____

Nearest Relative/Person Not Living with You _____

Relationship _____ Phone _____

How did you hear about Retina Specialists of Idaho, PLLC? _____

IF PATIENT IS A MINOR:

Presenting Guardian's Name _____ Birthdate _____

Address (if different from above) _____ SSN _____

Home Phone _____ Cell _____ Work Phone _____