

Please have a copy of your medical records transferred to us prior to your appointment or immediately following your initial visit.

Tania White Jackson, M.D.,P.A 6300 W. Parker Road Bldg 2, Suite 325 Plano, TX 75093 972-981-3535 Office 972-981-3536 Fax		<h1>Patient Profile Form</h1>		Medical Record #
Last Name		First name		Middle Name
Address (Street number and name)			City	County
State	Zip Code	Home Phone		Cell Phone
Employer Name		Employer Address		Employer Phone
DATE OF BIRTH _____ (Month) (Day) (Year) AGE _____		ETHNIC GROUP 1. <input type="checkbox"/> White (non-Hispanic) 2. <input type="checkbox"/> Black (non-Hispanic) 3. <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race) 4. <input type="checkbox"/> Asian (including Pacific Islander) 5. <input type="checkbox"/> American Indian (including Alaskan native) Email Address: _____		MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number _____ - _____ - _____				
How did you hear about us? <input type="checkbox"/> Google Search <input type="checkbox"/> Facebook <input type="checkbox"/> Magazine Ad <input type="checkbox"/> Other Referred by _____				
Insurance Information (Please present your insurance card to the receptionist)				
Do you have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance	Group Number	ID Number	Subscribers Date of Birth
Name of Primary Card Holder		Relationship to Patient <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		
Employer Name		Employer Address		
State	Zip Code	Cell Phone		
In Case of an Emergency				
Primary Contact		Date of Birth	Relationship	
Address		State	Zip	
Cell Phone		Home Phone		
Secondary Contact			Relationship	
Address		State	Zip	
Cell Phone		Home Phone		
Signature		Date		