FREDERICK G. MAYER, D.C.
508 Main Street
Avon, N.J. 07717
732-988-8596

CONFIDENTIAL PATIENT INFORMATION

Please Print

Last Name ______________________________ First Name _________________________ Middle Initial ____

Birth Date _______________ Social Security # _______________________ Sex: ☐ Male ☐ Female

Marital Status: ☐ single ☐ married ☐ separated ☐ divorced ☐ widowed

Street Address ____

City ____ State _____ Zip ____________

Phone: Home- ____________________ Cell- ____________________ Work- ____________________

Racial Background- ☐ White ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ Other ____________________

Ethnicity- ☐ Caucasian ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Preferred Language- ☐ English Other ____________________

Email Address ____

Employer ____

Street Address ____

City ____ State _____ Zip ____________

How did you find out about our office? ____

Primary Physician's Name ____ Phone ____________________

Who do we contact in case of emergency? ____

Relationship _____________________ Phone ____________________

Insurance Policyholder or Non-Insured Person Responsible for Payment (if other than the patient)

Last Name ______________________________ First Name _________________________ Middle Initial ____

Birth Date _______________ Social Security # _______________________ Sex: ☐ Male ☐ Female

Street Address ____

City ____ State _____ Zip ____________

Phone: Home- ____________________ Cell- ____________________ Work- ____________________

Relationship to patient __________

Employer ____

Street Address ____

City ____ State _____ Zip ____________

We require a photocopy of your health insurance card for our records.