

**NUTRITION ADVANTAGE, LLC**

**NAME :** \_\_\_\_\_ **DATE :** \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

TODAY'S DATE: \_\_\_\_\_

NAME Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

TITLE: \_\_\_ Mr \_\_\_ Mrs \_\_\_ Miss \_\_\_ Dr \_\_\_ Other: \_\_\_\_\_ GENDER: M \_\_\_ F \_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: Street/Apt \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

HM PHONE: \_\_\_\_\_ WK PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

WHERE DO YOU PREFER WE LEAVE A MESSAGE? Home: \_\_\_\_\_ Work: \_\_\_\_\_

MARITAL STATUS: Single: \_\_\_ Married: \_\_\_ Divorced: \_\_\_ Separated: \_\_\_ Widowed: \_\_\_

EDUCATION: (Highest grade completed or degree obtained) \_\_\_\_\_ Special certification: \_\_\_\_\_

EMPLOYMENT STATUS: Fulltime: \_\_\_ Part-time: \_\_\_ Retired: \_\_\_ Unemployed: \_\_\_ Disabled: \_\_\_

CURRENT EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COURSE OF STUDY: \_\_\_\_\_

**IF PATIENT IS A DEPENDENT:**

Residential Parent Name: \_\_\_\_\_

Non-Residential Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PERSON TO CONTACT IN AN EMERGENCY:**

Name: \_\_\_\_\_

Home Phone Number : \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_