

## ***Nutrition Advantage***

### **DEMOGRAPHIC INFORMATION**

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

NAME: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

TITLE: \_\_\_MR \_\_\_MRS \_\_\_MISS \_\_\_DR \_\_\_OTHER GENDER: \_\_\_M \_\_\_F

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

PHONE Home: \_\_\_\_\_ Work: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

WOULD YOU LIKE TO BE ADDED TO OUR LIST TO RECEIVE NUTRITION ADVANTAGE EMAILS?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

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

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

EMPLOYMENT STATUS: Full-Time: \_\_\_\_\_ 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: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Email: \_\_\_\_\_

#### **PERSON TO CONTACT IN EMERGENCY:**

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

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

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