



Guest Demographics

Date: _____

Duke Medical Record # _____

First Name:		Middle Name:		Last Name:	
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Mailing Address:	
City, State, Zip:	

Age:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:			
SSN:		Email Address:	

Home Phone #:		Work Phone #:	
Cell Phone #		Emergency contact name, #:	

Have you ever been seen at Duke before? Yes No (IF YES, include Duke MR# at top.)

What type of service are you here for? (Check all that apply)

- Establish Primary Care
- Physician consultation
- Chinese medicine
- Acupuncture
- Massage/Body work
- Health Psychology consultation
- Meditation/MBSR
- Hypnotherapy
- Yoga consultation
- Exercise consultation
- Dietary consultation
- Energy healing therapy/ Reiki
- Guided imagery
- Class or group, please specify _____
- Other: _____

How did you learn about us?

- Website/Internet search
- Print/Media
- Direct mail
- Physician Duke non Duke _____
- At an event (please specify): _____
- Other (please specify): _____
- Health care provider (non-MD)
- Another patient
- An individual (non-patient)

Ethnicity

- Hispanic or Latino Not Hispanic or Latino

Race (check all that apply)

- African American/Black American Indian/Alaska Native
 Asian Caucasian/White
 Native Hawaiian/Other Pacific Islander Other _____

Education: How many years of education do you have?

- No high school diploma
 High school or equivalent diploma
 Education beyond high school, but have not completed college bachelor's degree
 College degree
 Graduate or professional degree

Current employment status:

- Working full-time Retired
 Working part-time On medical leave or disabled
 Not employed due to other responsibilities (i.e. raising children, keeping house, student) Unemployed, looking for work
 Other (please specify): _____

Marital status:

- Married, spouse in household Widowed Never married
 Married, spouse not in household Divorced
 Living as married Separated