

# Racine Family Medicine Center

Affiliated with the Medical College of Wisconsin  
And All Saints Healthcare

P.O.Box 548, Racine, WI 53401-0548  
1320 Wisconsin Ave., Racine, WI 53403  
(262) 687-5600

## PATIENT INFORMATION

Last Name:		First Name:		Middle Initial:
Social Security Number:		Date of Birth:		Age:
Home Address:				
City:	State:	Zip Code:	Telephone Number: ( )	

Sex:            Male                      Female

Marital Status:    Single                      Married                      Separated                      Divorced

Ethnic Code:      White                      Black                      Hispanic                      Asian                      Other

Language:        English                      Spanish                      Other \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

In case of an emergency, please list a contact person(s) to be notified:

First & Last Name:	Telephone Number:	Relationship:
	( )	
	( )	

## GUARANTOR INFORMATION

If patient is under 18 years of age or has legal appointed guardian, please list responsible person's information:

Last Name:		First Name:		Middle Initial:
Social Security Number:		Date of Birth:	Relationship to Patient:	
Home Address:				
City:	State:	Zip Code:	Telephone Number: ( )	

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