



Annual Patient Update Packet

PATIENT INFORMATION

Last Name	First Name	M.I.	Social Security #
-----------	------------	------	-------------------

Address _____

Home Telephone	Cell Phone	Date of Birth	Age
----------------	------------	---------------	-----

Email :	<input type="checkbox"/> Yes! Sign me up for Genesis email updates.	Consent to Call	Yes	No
		Consent to Text	Yes	No

Please Check All That Apply

Gender:	Male	Female	Female-to-Male/Transgender Male	Male-to-Female/Transgender Female
	Gender Non -Conforming/Neither Male nor Female			Other_____

Sexual Orientation:	Bisexual	Lesbian/Gay/Homosexual	Straight/Heterosexual	Unknown
	Rather Not Disclose	Other_____		

English
 Spanish
 Chinese
 French
 German
 Italian
 Sign Language

Ethnicity:	Pacific Islander	Asian Indian	Chinese	Filipino	Japanese	Vietnamese	Korean
	Samoan	Guamanian or Chamorro	Rather Not Answer		Other_____		

Hispanic/Latino	Non-Hispanic/Latino	Mexican	Cuban	Veteran Status:
Mexican American	Puerto Rican	Other_____		
Rather Not Answer				

