GREENHAVEN
Family Practice

Scarlett Lu D.O.

NEW PATIENT FORM

First | Middle | Last

Date of Birth | Gender ☐Female ☐Male | Marital Status ☐Single ☐Married ☐Other

Street Address | Preferred Pharmacy

City | State | Ziip | Email

Home Phone | Cell Phone | Work Phone

Race (Census purposes, optional) | Employer

Emergency Contact

First | Middle | Last

Physical Address ☐Same as Patient Address

City | State | Zip

Date of Birth (Required for Practice Management) | Phone

Email | Employer

Relationship to Patient | Gender ☐Female ☐Male | Is Primary Guardian ☐Yes ☐No

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