

St Luke's Medical Practice

400 NW Broad Street, Southern Pines, NC 28387

Phone (910) 725-0809 Fax (910) 725-2018

Patient Information

Last Name _____ First Name _____ MI _____

Preferred Name _____ Suffix _____

Sex: Male Female DOB _____

Address _____

City _____ State _____ ZIP Code _____

Home Phone _____ Mobile _____ Work _____

Consent to Text: (Appointment reminders) Yes No

Consent to Call: Yes No

Contact Preference: Phone Email Text

Patient Email _____

Language _____ Race _____ Ethnicity _____

(I decline to provide)

Marital Status: Single Married Divorced Widowed

Next of Kin/Emergency Contact/Guardian

Last Name _____ First Name _____ MI _____

Relationship _____

Home Phone _____ Mobile Phone _____

Please flip and fill out other side of form



