Valley Heart Associates
KLEE & STEVENSON

2075 West Pecos Road
Suite 1
Chandler, AZ 85224
(480) 656-5711

NEW PATIENT DEMOGRAPHIC FORM

PATIENT DATA

DATE	LAST NAME, FIRST NAME MI	DOB	AGE	SS#

RACE (for reporting purposes only)
- □ Caucasian
- □ Black/African American
- □ American Indian or Alaska Native
- □ Asian
- □ Native Hawaiian or other Pacific Islander
- □ Other:_____

ETHNICITY
- □ Latino/Hispanic
- □ Other
- □ Decline to Answer

SEX
- □ F
- □ M

LANGUAGE
- □ English
- □ Spanish
- □ Other_____

CURRENT MAILING ADDRESS (street address, city, state, zip)

ADDITIONAL MAILING ADDRESS

PRIMARY PHONE (circle type)
HOME
CELL
BUSINESS

ALTERNATE PHONE (circle type)
HOME
CELL
BUSINESS

EMAIL

☐ Please send me information via email to access my VHA heath records online.

EMPLOYER NAME & ADDRESS (street address, city, state, zip)

BUSINESS PHONE

BUSINESS FAX

EMPLOYMENT STATUS/OCCUPATION

CLINICAL INFORMATION

REFERRING PHYSICIAN

PRIMARY CARE PHYSICIAN (if different)

PREFERRED PHARMACY (name, address or cross streets, and phone number)

If you do not identify a PREFERRED PHARMACY, we will send your prescriptions to be filled at:

CVS
180 N Dobson Road (NW corner of Dobson & Chandler Blvd)
Chandler, AZ 85224
(480) 812-0149

***Please note you can update our records at any time regarding your choice of pharmacies.**

IN CASE OF EMERGENCY

NAME & ADDRESS of friend/relative for Emergency Contact

RELATIONSHIP

PRIMARY PHONE (circle type)
HOME
CELL
BUSINESS

ALTERNATE PHONE (circle type)
HOME
CELL
BUSINESS

RESPONSIBLE PARTY

NAME of RESPONSIBLE PARTY	DOB	SS#	RELATIONSHIP

CURRENT MAILING ADDRESS (street address, city, state, zip)

PRIMARY PHONE

CELL PHONE

EMAIL

ALT PHONE

EMPLOYER & ADDRESS (street address, city, state, zip)

BUSINESS PHONE

OCCUPATION

INSURANCE INFORMATION

PRIMARY INSURANCE COMPANY (name, address & PHONE)

POLICY HOLDER NAME

DOB

GROUP #:

CLAIM MEMBER ID:

SECONDARY INSURANCE COMPANY (name, address & PHONE)

POLICY HOLDER NAME

DOB

GROUP #:

CLAIM MEMBER ID: