HealthWise Clinic

2301 S. FM 51, Suite 500, Decatur, Texas 76234
Phone: (940) 627-0013 ❖ Fax: (940) 627-1900

John Richardson, MD
Board Certified in Family Practice & Geriatrics

PATIENT INFORMATION

Name: _____
Last First Middle Initial

SS#: _____ DOB: _____ Age: _____ Sex: _____ Race/Ethnicity: _____ Language: _____

Mailing Address: _____
Street/PO Box City Zip Code

Home Phone: _____ Cell Phone: _____
(Text appt reminders etc.)

Work Phone: _____ Email: _____

Patient Portal Access: Yes / No (allows access to appointment dates, lab results, visit summaries, etc.)

Local Pharmacy Name: _____ Pharmacy City: _____

Mail Order Pharmacy Name: _____

EMERGENCY INFORMATION

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Alternate Phone: _____

Signature _____ Date: _____