3209 Ingersoll Ave, Suite 100
Des Moines, IA 50312
Phone: 515-207-1705
Fax: 515-993-3845
info@prairiewellness.com
www.PrairieWellness.com

Demographic Information

PATIENT INFORMATION					
First Name:		M.I.:	Last Name:		
DOB:	Age:	Gender Identity:			
Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:		Work Phone:	
E-Mail:					
Check if we can leave a phone message at the numbers provided: ☐			Check if we can email you: ☐		
Insurance Policy Holder Information if Not Patient:			Check if we can text you: ☐		
Name:		Address:			
City:	State:	Zip:		DOB:	
Please check here if you DO NOT want to receive text appointment reminders: ☐					
Parent/Guardian 1 If Applicable					
First Name:		M.I.:	Last Name:		
DOB:	Age:	Male: ☐	Female: ☐	Marital Status:	
Address:					
City:		State:		Zip:	
Cell Phone:		Home Phone:		Work Phone:	
Employer:		Occupation:			
E-Mail:					
If your child is a student, name of school and grade level:					
Parent/Guardian 2 If Applicable					
First Name:		M.I.:	Last Name:		
DOB:	Age:	Male: ☐	Female: ☐	Marital Status:	
Address:					
City:		State:		Zip:	
Cell Phone:		Home Phone:		Work Phone:	
Employer:		Occupation:			
PROVIDER CARE INFORMATION					
Referring Provider:		Referring Provider #:			
Primary Care Provider:		Primary Care Provider #:			
Check here if you want us to coordinate care with your primary care provider: ☐					
EMERGENCY CONTACT INFORMATION					
Name:		Relationship to You:			
Cell Phone Number:					