Palmetto Medical Group

1040 Edgewater Corp Pkwy suite 101 Indian Land SC 29707 ph: 803-548-7007 f: 803-802-2015

Amit Shah, MD | Alexa-Gail Woolery, DNP, FNP-BC

Patient Demographics Patient's Name: Last First Address: _____ Street City State Zip code Home/Cell Phone: Date of Birth: Social Security #:___ Gender: (circle one) Male Female Marital Status: (circle one) Single Married Separated Divorced Widowed Declined Race: American Indian/Alaska Native Asian/Oriental Black/African American Native Hawaiian/Other Pacific Islander ___White/Caucasian _____Other ____Declined Ethnicity: Hispanic or Latino Not Hispanic or Latino Declined Place of employment: If patient is a minor, please fill out below. Parent/Guardian Name: First M Parent/Guardian birthdate: Parent/Guardian Social Security #:

to patient:	
Child	
201	
Child	
 Birth	ndate