



MEDICAL CLINIC P. A.

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Crosby, MN 56441  
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www.centrallakesclinic.com

Chart number

DATE

Patient's Full Name (last) (first) (middle) Sex M/F Birthdate Age

Address City State Zip

Home phone Work/cell phone Marital status single married separated divorced widowed

Patient's Social Security Number

Patient's Employer Address Phone number

### Responsible Party Information

Spouse or parent's name Birthdate Relationship Home phone #

Address Social Security Number

Employer Address Work phone

### Emergency Contact

Name (Other than spouse living with you) Phone number

Address Relationship

City State Zip