



Where technology, hope and compassion meet.

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## DEMOGRAPHIC INFORMATION LIST

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### PREFERRED LANGUAGE:

ENGLISH       SPANISH       OTHER

### ETHNICITY:

HISPANIC/LATINO       NON-HISPANIC/LATINO

### RACE:

AFRICAN AMERICAN       CAUCASIAN  
 NATIVE AMERICAN       ASIAN  
 OTHER

### CONTACT PREFERENCE:

CELL PHONE      PLEASE LIST # \_\_\_\_\_  
 EMAIL      PLEASE LIST EMAIL \_\_\_\_\_  
 MAIL  
 HOME PHONE      PLEASE LIST # \_\_\_\_\_  
 WORK PHONE      PLEASE LIST # \_\_\_\_\_  
 PREFER NOT TO PROVIDE ANY OF THE ABOVE

### PHARMACY PREFERENCE:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_