



Clermont Internal and Cosmetic Medicine

A Patient-Centered Holistic and Cosmetic Care Center

Edriss Estime, MD

DEMOGRAPHICS / INSURANCE

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

DOB: ____ / ____ / ____ Sex (M/F): _____ Email: _____

Are you Hispanic/ Latino?

- Yes
- No
- Don't know/not sure

What is your race?

Do you consider yourself (Select one)

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other: _____

Marital Status?

- Married (Spouse Name) _____
- Divorced
- Widowed
- Separated
- Never married

Primary Insurance: _____ ID#: _____ Group # _____

Secondary Insurance: _____ ID#: _____ Group # _____

Full Name of responsible Party: _____ Phone: _____

Patient or responsible party Signature: _____ Date: _____