CHI St. Luke's Healt	n	EMERGENCY SERVICES PATIENT INFORMATION				
THIS IS A HOSPITAL EMERGENCY DEPARTMENT.						
		We ask this Information				
Patients are seen in order of medical need, not time of arrival, thank you.						
REASON FOR VISIT TODAY?		DATE:		TIME		
			of Arrival: am/p	m		
	(PRI	NT PATIENT NAME AS LISTED	ON STATE II	D/DL)		
		PATIENT QUICK INFOR	MATION			
FIRST MIDDLE		LAST NAME		(Include Sr, Jr, II)		
Patient Birthday (MM/DD/YY): AGE SOCIAL SECURITY NO. (To better identify you)FEMALE						
MALE						
For Minors: Parent/Guradian Name is required						
FIRST MIDDLE		LAST NAME		(Include Sr, Jr, II)		
MAILING ADDRESS APT#		CITY	STATE	ZIP CODE		
HOME PHONE # WITH AREA CODE			CELL PHON	CELL PHONE # WITH AREA CODE		