CHI St. Luke's Health		EMERGENCY SERVICES PATIENT INFORMATION THIS IS A HOSPITAL EMERGENCY DEPARTMENT.					
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We ask this Information for identification purposes only.							
Patients are seen in order of medical need, not time of arrival, thank you.							
REASON FOR VISIT TODAY?			DATE:		TIME		
(22117227				of Arrival: am/pm			
(PRINT PATIENT NAME AS LISTED ON STATE ID/DL)							
PATIENT QUICK INFORMATION							
RST MIDDLE		LAST	IAME	(Include Sr, Jr		(Include Sr, Jr, II)	
Patient Birthday (MM/DD/YY):FEMALE							
/ / / MALE							
For Minors: Parent/Guradian Name is required							
FIRST	MIDDLE		LAST NAME (Include Sr, Jr, II)		(Include Sr, Jr, II)		
MAILING ADDRESS APT#		(CITY		STATE ZIP CODE		
HOME PHONE # WITH AREA CODE			CELL PHONE # WITH AREA CODE				
LL				_]	<u> </u>		