



# David S. Weiss, MD

Orthopedics · Sports Medicine · Performing Arts Medicine

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## Demographics

If completing by hand,  
please print legibly.

Date: \_\_\_\_\_

Name (full legal): \_\_\_\_\_

{Nickname or Stage name: \_\_\_\_\_ }

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Country: \_\_\_\_\_

I identify my gender as: \_\_\_\_\_

Phone: \*  Mobile: \_\_\_\_\_ \*  Work: \_\_\_\_\_

\*  Home: \_\_\_\_\_ \*  Other \_\_\_\_\_ :

\*Indicate (check) preferred contact number

Email Address: \_\_\_\_\_

Social Security # \_\_\_\_\_ (SSN will be used for internal identification purposes only)  
**Do NOT enter SSN if you will submit this form via email**

Occupation: \_\_\_\_\_

Marital Status:  Single  Married  Long term partner  Separated  Divorced  Widowed

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact (required): \_\_\_\_\_

Friend  Spouse  Parent/Guardian  Other: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home/Work phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Additional information: \_\_\_\_\_

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