# Patient Information (Elective)

*We would like to know more about you. Please fill in the following information to help us get to know you better.*

Name: _____ Date: _____

Birthplace: _____

Where did you grow up? _____

_____

Where have you lived as an adult? _____

_____

_____

What is your marital status? _____

Do you have children?_____ What are their ages? _____

_____

_____

What is your educational background? _____

_____

_____

What is your vocation? _____

What are your hobbies? _____

_____

_____

What special interests or activities do you enjoy? _____

_____

_____

Is there anything special you would like us to know about you? _____

_____

_____

_____

_____

_____

_____