



**Life Savers**  
**EMERGENCY ROOM**  
Always Open . Always Ready

17685 TOMBALL PARKWAY  
HOUSTON, TX 77064  
PHN: 832-779-5433 FAX: 832-604-5433

3820 NORTH SHEPHERD DR. SUITE A.  
HOUSTON, TX 77018  
PHN: 281-766-8911 FAX: 832-742-9896

Patient Label

Time In: \_\_\_\_\_ AM / PM

**\*PLEASE PRINT FRONT AND BACK**

## **PATIENT INFORMATION**

Last: \_\_\_\_\_ First: \_\_\_\_\_

Has patient been here before? [ ] Yes [ ] No

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Race: African American Caucasian Asian Hispanic Other

Ethnicity: Hispanic / Latino Not Hispanic / Latino Declined

Reason for visit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Primary Care Physician**

(IF ANY/ WE DO HAVE RECOMMENDATIONS IF NEEDED)

Name of Facility/Clinic: \_\_\_\_\_

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

**PLEASE tell us how you learned of OUR Service or Who we may Thank.**

- |                                      |  |                                  |
|--------------------------------------|--|----------------------------------|
| [ ] Clinic Sign/Drive by             | [ ] LIFESAVERER.com                          | [ ] Other (Please Specify) _____ |
| [ ] Web (Google, Bing, Yahoo)        | [ ] Doctor _____                             | [ ] Festival / Event _____       |
| [ ] I was a former patient           | [ ] Family or Friend                         | [ ] Radio _____                  |
| [ ] Former patient recommendation    | [ ] Employer                                 |                                  |
| [ ] Insurance Company recommendation | [ ] Newspaper                                |                                  |
| [ ] TV Ad _____                      | [ ] Marketing/Public Relation Representative |                                  |