## David S. Weiss, MD

Orthopedics  $\cdot$  Sports Medicine  $\cdot$  Performing Arts Medicine

161 Madison Avenue – Suite 10NW · New York, NY 10016  $\hbox{$_{[212]}$ 889-8228 \cdot Fax [844] 287-3555 \cdot DrWeissNY@gmail.com}\\$ 

www. David Weiss MD. com

Download Adobe Reader on your computer or Adobe Fill & Sign on

## **Demographics**

If completing by hand, please print legibly.  Date:	On your mobile device, open the attachment in mail app. While viewing attachment, tap the "Share/Action" button. Tap "more" and select "Open in (or Copy to) Adobe Fill & Sign."  Mobile: "Share" completed form via email. Computer: Save and en		
Name (full legal):			
{Nickname or Stage name:			}}
Address:		Apt #	
City:	State:	Zip:	
Date of birth:	Country:		
l identify my gender as:	My preferred pronouns are:		
Phone: * Mobile:  * Check to indicate preferr	* Other : :		
Fmail Address:	(Home) won	,	
Social Security #	(SSN will be used for intern  Do NOT enter SSN if you		• • • • • • • • • • • • • • • • • • • •
Occupation:			
Marital Status: Single Married	☐ Long term partner ☐ Separated	Divorced	□Widowed
Employer:			
Address:			
City:	State:	Zip:	
Emergency Contact (required):			
☐ Friend ☐ Spouse ☐ Par	rent/Guardian   Other:		
Mobile Phone:	Home/Work phone:		
D ( )			
A 1 150			