



Fayetteville Vascular and Vein Center, P.A

Michael A. Leke
American Board of Surgery Certified
Vascular and Endovascular Surgery

DEMOGRAPHIC INFORMATION *(Required by the Federal Government)*

NAME: _____ **D.O.B.:** _____

RACE: White Black Asian Other: _____

ETHNICITY: Non-Hispanic Hispanic

PREFERRED LANGUAGE: English Spanish Other: _____

COMMUNICATION PREFERENCE: Home Phone Cell Phone US Mail

SMOKING STATUS: Never Smoked Quit Smoking

Current Occasional Smoker Current Daily Smoker

MARITAL STATUS: Married Never Married Legally Separated

Divorced Widowed Domestic Partner Annulled

HEIGHT: _____ **WEIGHT:** _____

PREFERRED PHARMACY: _____

Signature: _____ **Date:** _____

Excellent Compassionate Care