

Long Island Infectious Disease Associates
Long Island Travel Medicine
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Huntington, NY 11743
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Patient Information

Patient Name _____

Responsible Party _____

Address _____

Phone Number _____

Social Security # _____

Sex M F Date of Birth _____ Age _____

Occupation _____

Employer _____

Marital Status S M W D

Spouse's Name _____

In Case of Emergency

Emergency Contact _____

Relationship _____ Phone# _____