

Patient Quick Update Form

**EMORY
JOHNS CREEK
HOSPITAL**

1. **Current marital status?** (Circle one):

Married Single Widowed Divorced

2. **Any religious preference?** (Circle none or fill in blank):

None or _____

3. **Address**

4. **Phone number**

Cell

Home

5. **Email Address**

6. **Primary Language:**

7. **Do you have an Advanced Directive or a medical living will?** (Circle one):

Yes No Unknown

8. **Emergency Contact:**

Name: _____

Phone Number: _____

Relationship: _____