

PATIENT REGISTRATION

Patient Information:

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please Initial: I authorize the use of my cell number to received scheduling and billing messages. I agree to update this office if my cell number changes. _____ I authorize to receive calls at my work. _____

Email: _____ I would like to receive: email correspondence text message

Birth Date: _____ Social Security: _____ - _____ - _____ Sex: M F

Marital Status: Married Single Divorced Separated Widowed

Responsible Party (if someone other than the patient):

First Name: _____ Last Name: _____ Middle Initial: _____

Relationship to patient: _____ Birth Date: _____ SSN: _____ - _____ - _____

Sex: M F Email: _____ Marital Status: Married Single Divorced Separated Widowed

Address & phone number is same as above

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Primary Insurance:

Do you have Medicare/Medicaid Insurance through the State? Yes or No Insured cell #: _____

Name of Insurance: _____ Employer: _____

Name of Policy Holder: _____ Social Security: _____ - _____ - _____

ID or Subscriber #: _____ Policy Holders DOB _____ / _____ / _____

Secondary Insurance (if applicable):

Name of Insurance: _____ Employer: _____

Name of Policy Holder: _____ Social Security: _____ - _____ - _____

ID or Subscriber #: _____ Policy Holders DOB _____ / _____ / _____

Emergency Contact: (at least one person not living with you)

Name: _____ Phone: _____ Relationship: _____

How did you hear about our office?

- | | | | |
|----------------------------------|-------------------------------|--------------------------------|---|
| <input type="radio"/> Driving By | <input type="radio"/> Google | <input type="radio"/> Mailer | <input type="radio"/> Friend/ Family: _____ |
| <input type="radio"/> Facebook | <input type="radio"/> Website | <input type="radio"/> Facebook | <input type="radio"/> Other: _____ |

By undersigning, I acknowledge that the information on this form is current, true and accurate.

Signature: _____ Date: _____