

# PATIENT REGISTRATION

FOR INTERNAL USE ONLY  
PATIENT NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

## PATIENT INFORMATION

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ EMAIL \_\_\_\_\_

MARITAL STATUS  MARRIED  SINGLE

PATIENT PORTAL YES NO

DIVORCED  WIDOWED

PHONE (CELL / HOME) (\_\_\_\_) \_\_\_\_\_

PREFERRED METHOD OF CONTACT: VOICEMAIL or TEXT

PREFERRED PHARMACY \_\_\_\_\_

LEAVE MEDICAL INFORMATION W/ANOTHER PERSON: YES NO

PHARMACY PHONE (\_\_\_\_) \_\_\_\_\_

WITH WHOM: \_\_\_\_\_

LEAVE TEST RESULTS ON VOICEMAIL: YES NO

LANGUAGE:  ENGLISH:  SPANISH:  OTHER: \_\_\_\_\_

I GIVE PERMISSION TO RELEASE INFORMATION TO ANOTHER PHYSICIAN:

ETHNICITY: \_\_\_\_\_ RACE: \_\_\_\_\_

YES NO

## INSURANCE INFORMATION

INSURANCE COMPANY \_\_\_\_\_

POLICY ID# \_\_\_\_\_ GROUP# \_\_\_\_\_

INSURED CARDHOLDER'S NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

## SECONDARY INSURANCE INFORMATION

INSURANCE COMPANY \_\_\_\_\_

POLICY ID# \_\_\_\_\_ GROUP# \_\_\_\_\_

INSURED CARD HOLDER'S NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

## EMERGENCY CONTACT

FULL NAME \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN: I hereby authorize payment directly to the Physician of the Surgical and/or Medical Benefits, if any, otherwise payable to me for his/her services as described, realizing I am responsible to pay non-covered services.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize payment directly to the Physician to release any information acquired in the course of my treatment necessary to process insurance claims.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE