

PATIENT REGISTRATION

PATIENT INFORMATION:

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

SSN: _____ DOB: _____ Gender: _____ A.K.A. _____

Street: _____ City: _____ State: _____ Zip: _____

Phone (H)#: () _____ Cell #: () _____ Work #: () _____

Preferred Phone: **Home** or **Cell** or **Work**?

Email: _____ Place of Employment: _____

What pharmacy do you use? _____ City _____

Race (circle): AAsian NNative Hawaiian OOther Pacific Islander WWhite More than one race Black/African American

Ethnicity (circle): Hispanic/Latino Non-Hispanic/Non-Latino

Preferred Language (circle): English Spanish German Other/Not Listed

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Phone (H)#: () _____ Cell #: () _____ Work #: () _____

MESSAGE INFORMATION:

Is it O.K. to leave a voice mail and/or e-mail message for you to: (Please circle "Y" or "N".)

| | | | | | |
|--|---|---|---------------------------------|---|---|
| Remind you of an appointment? | Y | N | Leave lab or x-ray results? | Y | N |
| Tell you a medication has been refilled? | Y | N | Discussion of financial issues? | Y | N |
| Reply to medical questions: | Y | N | | | |

If you are unavailable, please list name of others we can leave a message with regarding the above questions:

Name: _____ Name: _____

PRIMARY INSURANCE INFORMATION: (Subscriber/Policyholder/Person whom policy is under) ____ ("✓" If same as patient.)

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

SSN: _____ DOB: _____ Relationship to Patient: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone (H)#: () _____ Cell #: () _____ Work #: () _____

Place of Employment: _____

SECONDARY INSURANCE INFORMATION: (Subscriber/Policyholder/Person whom policy is under)

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

SSN: _____ DOB: _____ Relationship to Patient: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone (H)#: () _____ Cell #: () _____ Work #: () _____

Place of Employment: _____

Signature of Patient, Parent, or Legal Guardian: _____