



PATIENT REGISTRATION

EMR# _____

How did you hear about our office? _____

First Name: _____ Last Name: _____ Middle Int: _____
Preferred Name: _____
Address: _____ Address 2: _____
(If address is a P.O. Box, please include your street address as address 2)
City, State, Zip: _____ Pager: _____
Home Phone: _____ Work Phone: _____ Ext: _____ Cellular: _____
Sex: Male Female Marital Status: Married Single Divorced Separated Widowed
Birth Date: _____ Soc. Sec: _____ Drivers Lic: _____ State _____
E-mail: _____ I would like to receive correspondences via e-mail.
Employment Status: Full Time Part Time Retired
Employer: _____ Phone: _____
Employer Address: _____
City, State, Zip: _____
Student Status: Full Time Part Time School: _____
Preferred Pharmacy: _____
Is patient the responsible party? Yes No

Responsible Party: (If patient is responsible party, you do not have to fill this section out)
First Name: _____ Last Name: _____ Middle Int: _____
Address: _____ Address 2: _____
(If address is a P.O. Box, please include your street address as address 2)
City, State, Zip: _____ Pager: _____
Home Phone: _____ Work Phone: _____ Ext: _____ Cellular: _____
Sex: Male Female Marital Status: Married Single Divorced Separated Widowed
Birth Date: _____ Soc. Sec: _____ Drivers Lic: _____ State _____
Is responsible party, policy holder for patient? Yes No

Primary Insurance Information:
Name of Insured: _____ Relationship to patient: Self Spouse Parent Other
Insured Soc. Sec: _____ Insured Birth Date: _____ Member #: _____
(if different from Soc. Sec. Number)
Insurance Company: _____ Group #: _____
Address: _____
City, State, Zip: _____
Employer: _____ Phone: _____
Employer Address: _____
City, State, Zip: _____

Secondary Insurance Information:
Name of Insured: _____ Relationship to patient: Self Spouse Parent Other
Insured Soc. Sec: _____ Insured Birth Date: _____ Member #: _____
(if different from Soc. Sec. Number)
Insurance Company: _____ Group #: _____
Address: _____
City, State, Zip: _____
Employer: _____ Phone: _____
Employer Address: _____
City, State, Zip: _____