

PATIENT REGISTRATION

Last name ↑	First name ↑	Middle name ↑	Nickname/"Go by" name ↑

Home address ↑	Street	Apt. #	City	State	Zip

		Home phone or cell phone	
Home phone ↑	Cell phone	Preferred method of contact (circle one) ↑	

Email address ↑	Social Security #	Driver's license # & state	Date of Birth	Age

Marital status ↑	Regular Doctor	# of children	# of pregnancies

Employer ↑	Occupation	Okay to call you at work?

Employer's address ↑	Work phone ext.

Spouse's name ↑	Spouse's employer	Spouse's work phone

Emergency contact (<i>not</i> living w/ patient) ↑	Relationship to patient	Contact's phone

SIGNATURE OF PATIENT OR LEGAL GUARDIAN

INSURED / RESPONSIBLE PARTY - Please indicate who is the insured employee (parent, legal guardian, etc.).

Name of responsible party (parent, legal guardian, etc.) ↑	Relationship to patient ↑

Address of responsible party ↑	Street	Apt. #	City	State	Zip

Home phone ↑	Cell phone	Work phone

Date of birth ↑	Social Security #	Driver's license # & state

Employer ↑	Employer's address	Street	Suite #	City	State Zip

I understand I am responsible for payment of all charges incurred on behalf of myself or my family regardless of insurance benefits. My signature below indicates the information above is true and correct to the best of my knowledge.

Responsible party's signature _____

Date _____

PATIENT REGISTRATION (CONTINUED)

Were you referred by someone? _____ Whom? _____ May we thank him/her with a written note? _____

May we leave messages at home regarding an appointment or test results? _____ At work? _____

May we leave messages about your appointments with the person at work who handles your calls? _____

May we discuss your appointments/treatments with your spouse or partner? _____

May we discuss your appointments/treatments with your children or other family members? _____ If yes, please list name(s): _____

May we share your pertinent medical information with other doctors treating you? _____

For patients between ages 18-26, may we discuss your appointments, treatments, and test results with your parents or guardians? _____

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Responsible party's signature

Date