

PATIENT REGISTRATION

ID: _____

Who may we thank for referring you to our office? _____

Patient Information	
First Name _____	Last Name _____ Middle Initial _____
Patient is <input type="checkbox"/> Policy Holder	<input type="checkbox"/> Responsible Party Preferred Name _____
Address _____ City, State, Zip _____	
Home Phone _____	Work Phone _____ Cell Phone _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Birth Date _____	Age _____ Soc. Sec. _____ Drivers Lic. _____
E-mail address _____	Emergency Contact _____ Phone _____
Patient Employer _____	Occupation _____ Student Status <input type="checkbox"/> Full time <input type="checkbox"/> Part Time

Responsible Party (if someone other than the patient)	
First Name _____	Last Name _____ Middle Initial _____
Address _____ City, State, Zip _____	
Home Phone _____	Work Phone _____ Cell Phone _____
Birth Date _____	Soc. Sec. _____ Drivers Lic. _____
E-mail _____	Relationship to Pt. _____ Employer _____
<input type="checkbox"/> Responsible Party is also a Policy Holder for Patient	<input type="checkbox"/> Primary Insurance Policy Holder <input type="checkbox"/> Secondary Insurance Policy Holder

HOW WILL YOU PAY FOR YOUR BALANCE OR CO-PAY?

CHECK

CASH

CREDIT CARD

Primary Insurance Information	
Name of Insured _____	Relationship to Patient <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other
Insured Soc. Sec. _____	Insured Birth Date _____
Employer _____	Ins. Company _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____

Secondary Insurance Information	
Name of Insured _____	Relationship to Patient <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other
Insured Soc. Sec. _____	Insured Birth Date _____
Employer _____	Ins. Company _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____