Patient Registration Form

Patient Information:

Patient Name: (Last) _____ (First) _____ (MI) _____

Date of Birth (DOB): _____ Sex: ☐ Female ☐ Male ☐ Transgender

Social Security Number (SS#): _____-_____-_____

Address: _____

City, State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Unknown

Employer Name: _____ Employer Department: _____

Employee ¾ (If applicable)_____ Medicare Enrolled (check): ____Part A ____Part B ____Part D

How did you hear about us:

_____ Website _____ Co-worker _____ New Hire Orientation _____ Newsletter

Other, please describe:_____

Responsible Party/Policy Holder (If Other Than Patient):

Policy Holder's Name: (Last) _____ (First) _____

Policy Holder's Date of Birth (DOB): _____ Insurance Company_____

Policy # _____ Group #_____

Policy Holder's Social Security Number (SS#):_____-_____-_____

Additional Information:

Email Address: _____* **email address is required in order to access the Patient Portal**

Pharmacy Name/Location: _____

Race: ☐American Indian or Alaska Native ☐Asian ☐Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ White ☐ Declined

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐Declined

Language: ☐English ☐Spanish ☐Indian ☐Japanese ☐Chinese ☐Korean ☐French ☐German ☐Russian ☐ Other _____

Emergency Contact Information:

Emergency Contact: (Last) _____ (First) _____

Phone Number: (1) _____ (2) _____

Emergency Contact Relationship to Patient: _____

Current Physician's Names:

Primary Care Provider (PCP): _____

Any Other Physician: _____

I acknowledge that the information provided on this form is accurate and up-to-date to the best of my knowledge. The duration of this authorization is indefinite unless otherwise revoked in writing. I understand that a request for medical information from persons not listed above will require a specific authorization prior to disclosure of any medical information.

_____ _____

Patient Signature / Guardian Signature Date

February 24, 2015