PATIENT REGISTRATION FORM

PLEASE PRINT CLEARLY

Treating Doctor ______________________ Today's Date ______________________

Legal Name ______________________ Email ______________________

Address ____

City ______________________ State __________ Zip __________

Phone (_____) ______________________ Cell Phone (_____) ______________________

Social Security Number ______________________ Date of Birth ______/______/______ Age ________

☐ Male ☐ Female ☐ Transsexual ☐ Other ☐ Unknown

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Partner ☐ Widowed Maiden Name ______________________

Employer ______________________ Work Phone (_____) ______________________

Occupation ______________________________________ ☐ Full-Time ☐ Part-Time

Is English your primary language? ☐ Yes ☐ No If No, state language ______________________

Race: ☐ Native American or Alaska Native ☐ Asian or Pacific Islander ☐ Black ☐ Caucasian ☐ Other ☐ Decline

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

Spouse/Partner ______________________ Spouse/Partner Date of Birth _____/_____/__________

Spouse/Partner Employer ______________________ Spouse/Partner Work Phone (_____) ______________________

Spouse/Partner Cell Phone (_____) ______________________

Preferred Pharmacy ______________________ Pharmacy Location ______________________

INSURANCE INFORMATION: PLEASE BE AS COMPLETE AS POSSIBLE.
*****MEDICARE PATIENTS PLEASE NOTE*****
IF YOUR CLAIM GOES TO MEDICARE FIRST, LIST MEDICARE AS YOUR PRIMARY CARRIER.

Primary Insurance ____

Name of Policy Holder ______________________ Date of Birth ______/______/______

Employer's Name (Past or Present) ______________________________ Employed: ☐ Yes ☐ No

Policy Number ______________________ Group Number ______________________

Secondary Insurance ____

Name of Policy Holder ______________________ Date of Birth ______/______/______

Employer's Name (Past or Present) ______________________________ Employed: ☐ Yes ☐ No

Policy Number ______________________ Group Number ______________________

PLEASE HAVE INSURANCE CARDS READY TO BE COPIED.

THANK YOU!