

PATIENT REGISTRATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Patient Is:  Policy Holder  Responsible Party Preferred Name: \_\_\_\_\_

— Responsible Party (if someone other than the patient) \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ Address 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Soc Sec: \_\_\_\_\_  
 Responsible Party is a Policy Holder for Patient  Primary Insurance Policy Holder  Secondary Insurance Policy Holder

— Patient Information \_\_\_\_\_  
Address: \_\_\_\_\_ Address 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Sex:  Male  Female Marital Status:  Married  Single  Divorced  Separated  Widowed  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Soc Sec: \_\_\_\_\_

— Confirmations and Messages \_\_\_\_\_  
Our appointment confirmations and appointment reminders are sent by an automated service. Please let us know how you would like to receive your messages by choosing one or both\* of the options below. If you are unable to receive text or emails, please inform the front desk for other options.  
 Text Messaging: \_\_\_\_\_  
 Email: \_\_\_\_\_  
\*If you choose both options, please be aware that you will receive both forms of communication every time a message is automatically sent out. However, you will only have to reply to one of them.

— Emergency Contact \_\_\_\_\_  
Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

— Primary Insurance Information \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ Relationship to Insured:  Self  Spouse  Child  Other  
Insured Soc. Sec: \_\_\_\_\_ Insured Birth Date: \_\_\_\_\_  
Member ID#: \_\_\_\_\_ Employer: \_\_\_\_\_

— Secondary Insurance Information \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ Relationship to Insured:  Self  Spouse  Child  Other  
Insured Soc. Sec: \_\_\_\_\_ Insured Birth Date: \_\_\_\_\_  
Member ID#: \_\_\_\_\_ Employer: \_\_\_\_\_