

Patient Registration

(PLEASE PRINT)



Date: _____

Patient: _____ Birthdate: ____ / ____ / ____ Age: ____
(FIRST) (MIDDLE) (LAST)

Home Address: _____ Home Phone: (____) _____
(STREET) (APT. #)

Cell Phone: (____) _____

Work Phone: (____) _____
(CITY) (STATE) (ZIP CODE)

Email : _____

Sex: ____ Driver's Lic. #: _____ Marital Status: _____ Spouse Name: _____

Soc. Sec.#: _____ Employer Name: _____

Employer Address: _____

Employer Phone #: (____) _____ Occupation: _____

Referred By: _____

Responsible Party Information

(IF MINOR)

Name: _____ Relationship: _____ Soc. Sec. #: _____

Home Address: _____ Home Phone: (____) _____
(STREET) (APT. #)

Cell Phone: (____) _____

Work Phone: (____) _____
(CITY) (STATE) (ZIP CODE)

Email : _____

Employer Name: _____ Occupation: _____

Employer Address: _____

May we leave a message on your home answering machine? Y N

May we leave a message for you at work to call us? Y N

May we discuss your medical condition with another person? Y N

If yes, whom _____ Relationship _____

In Case of Emergency, You May Contact:

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

All charges are the direct responsibility of the patient. Payment is due at the time services are rendered. I hereby authorize the release of my medical information, if necessary, to process a claim or for further treatment or care by physicians.

Patient's Signature: _____ Date: _____
(PARENT / GUARDIAN IF PATIENT IS A MINOR)

For Contracted Insurance Patients: I hereby assign my insurance benefits to be made directly to my physician and any assisting physician for services rendered. I hereby attest that the above insurance information is accurate and that I am an eligible member. I understand that I am responsible for knowing my benefits / coverage. I will be financially responsible for all charges that are not covered by my insurance company.

Patient's Signature: _____ Date: _____
(PARENT / GUARDIAN IF PATIENT IS A MINOR)

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PLEASE PRESENT THIS FORM WITH YOUR INSURANCE CARD AND DRIVER'S LICENSE TO THE RECEPTIONIST