



PATIENT REGISTRATION FORM

PATIENT INFORMATION

DATE: _____

Name _____ Nickname _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Numbers: Home () - - Work () - - Cell () - - Email Address _____

Emergency Contact Name: _____ Telephone () - -

Birthday ____/____/____ Age ____ Sex ____ Ethnicity ____ Social Security # ____ - ____ - ____ Marital Status ____

Patient's Employer _____ Occupation _____

Business Address _____ City _____ State _____ Zip _____

Spouse's Name _____ Birthday ____/____/____ Social Security # ____ - ____ - ____

Spouse's Employer _____ Occupation _____

PATIENT INFORMATION (IF PATIENT IS UNDER 18-YEARS OLD)

Father's Name _____ Birthday ____/____/____ Social Security # ____ - ____ - ____

Street Address _____ City _____ State _____ Zip _____

Father's Employer _____ Work () - - Cell () - -

Business Address _____ City _____ State _____ Zip _____

Mother's Name _____ Birthday ____/____/____ Social Security # ____ - ____ - ____

Street Address _____ City _____ State _____ Zip _____

Mother's Employer _____ Work () - - Cell () - -

Business Address _____ City _____ State _____ Zip _____

**** PLEASE INDICATE WHICH PARENT IS PRESENTING THE CHILD FOR TREATMENT BY CIRCLING PARENT'S NAME ****

EMERGENCY CONTACT—PERSON NOT LIVING WITH PATIENT (A RELATIVE OR FRIEND)

Name _____ Contact: Home () - - Work () - - Cell () - -

Referring Physician _____ Family Physician _____

WHAT TYPE OF INSURANCE PLAN (IF ANY) WILL YOU BE USING FOR YOUR CHARGES?

PPO HMO POS MEDICARE MEDICAID WORKER'S COMP SELF-PAY OTHER

Primary Policy Holder: Name _____ DOB ____/____/____ SS # ____ - ____ - ____ Sex ____

Secondary Policy Holder: Name _____ DOB ____/____/____ SS # ____ - ____ - ____ Sex ____

WHAT METHOD OF PAYMENT DO YOU PLAN TO USE FOR YOUR CO-PAYMENT AND/OR CO-INSURANCE?

CASH CHECK VISA MASTERCARD AMEX DISCOVER CARE CREDIT

PLEASE GIVE THE RECEPTIONIST YOUR INSURANCE & IDENTIFICATION CARDS. THANK YOU.

DATE _____ PATIENT OR GUARANTOR _____ WITNESS _____