



**Patient Registration**

PERSONAL INFORMATION

Patient Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M or F Marital Status: S M D W

Language: \_\_\_\_\_ Occupation: \_\_\_\_\_

Race:  American Indian/Alaska Native  Asian  Black/African American  
 Native Hawaiian /Other Pacific Islander  White  Choose not to answer

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino  Choose not to answer

Address: (Street) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Type: Cell or Home or Business Alternate Phone: \_\_\_\_\_

Preferred Method of Contact: Phone or US Mail

E-mail: \_\_\_\_\_ Employment Status: \_\_\_\_\_

Guarantor Name: \_\_\_\_\_ Relationship to Guarantor: \_\_\_\_\_

Guarantor Address: (Street) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

AKA/Nickname: \_\_\_\_\_ Patient Needs: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy Phone: \_\_\_\_\_

INSURANCE INFORMATION

**Primary Insurance Co. Information: (name, address and phone # of person responsible for payment)**

Insurance Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy/ID Number: \_\_\_\_\_ Group #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Subscriber's DOB: \_\_\_\_\_ Subscriber's Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_

**Secondary Insurance Co. Information: (name, address and phone # of person responsible for payment)**

Insurance Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy/ID Number: \_\_\_\_\_ Group #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Subscriber's DOB: \_\_\_\_\_ Subscriber's Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Internal Use Only:  
Scan document once a year into Registration Forms Facesheets folder in CB