

New Patient Registration

PATIENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____ DOB MM/DD/YYYY ____/____/____
 Address/Apt/Suite _____ City _____ State _____ Zip Code _____
 Home Phone (____) _____ - _____ Mobile Phone (____) _____ - _____ Email _____@_____

DEMOGRAPHICS

Race
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Gender
 Male Female
 Other _____

Ethnicity
 Hispanic or Latino Non-Hispanic or Non-Latino

Preferred Language

CARE TEAM

Primary Care Physician (PCP) _____

Emergency Contact

Last Name _____ First Name _____ Relationship _____ Preferred Phone (____) _____ - _____

Responsible Party/Guarantor

Last Name _____ First Name _____ Relationship _____ DOB MM/DD/YYYY ____/____/____ Preferred Phone (____) _____ - _____
 Address/Apt/Suite _____ City _____ State _____ Zip Code _____

Visit Information

Reason for Visit _____ Preferred Pharmacy(Incl. Location) _____

Payment Source Uninsured/Self-Pay Primary Insurance Secondary Insurance Employer: _____

Primary Insurance Company: _____ Insurance Card Avail Not Avail (Fill out Information)

Insurance Plan _____ Policy #/Subscriber ID _____ Group # _____

Insurer Same as Patient Same as Guarantor Other (Fill out Information)

Last Name _____ First Name _____ Relationship _____ DOB MM/DD/YYYY ____/____/____

How Did You Hear About Us?

<input type="checkbox"/> Billboard	<input type="checkbox"/> Drove by Center/Sign	<input type="checkbox"/> Google	<input type="checkbox"/> Physician Referral
<input type="checkbox"/> Center Website	<input type="checkbox"/> Employer	<input type="checkbox"/> Hospital	<input type="checkbox"/> Radio
<input type="checkbox"/> Community Event	<input type="checkbox"/> Existing Patient	<input type="checkbox"/> Music Streaming (Spotify)	<input type="checkbox"/> Social Media
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Family or Friends	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Yelp
			<input type="checkbox"/> Other _____