

Patient Registration Form

Is this a foster child? Yes No Also known as _____

Patient Demographics

Last Name _____ First Name _____ Middle _____ DOB _____
 SSN _____ Sex: M F Ethnic Background: Hispanic/Latino Not Hispanic/Latino Decline
 Race: Am. Indian or Alaska Native Asian Black or African Am. Hawaiian or other Pacific Islander White Decline
 Address _____
 City _____ State _____ Zip _____
 Home Ph _____ PCP _____

ADDITIONAL CONTACT (other than parent): Name: _____

Home Ph _____ Work Ph _____
 Relationship _____ Cell Ph _____

MOTHER/GUARDIAN

Name _____ H-Ph _____
 Address _____ W-Ph _____
 City _____ State _____ Zip _____
 DOB _____ Cell-Ph _____
 SSN _____
 Email Address _____
 Employer Name _____

FATHER/GUARDIAN

Name _____ H-Ph _____
 Address _____ W-Ph _____
 City _____ State _____ Zip _____
 DOB _____ Cell-Ph _____
 SSN _____
 Email Address _____
 Employer Name _____

RESPONSIBLE PARTY (GUARANTOR) INFORMATION

Name _____ Relationship to Patient _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 SSN _____ DOB _____ EMAIL Address _____
 Guarantor's Employer _____
 Address _____
 City _____ State _____ Zip _____

OTHER FAMILY MEMBERS:

	<u>Birthdate</u>	<u>Sex</u>	<u>SSN</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRIMARY INSURANCE

(Please present card for copying)

Insurance Name _____
 Subscriber _____
 Relationship _____
 Subscriber ID _____
 Group Number _____
 Address _____
 City/St/Zip _____
 Home Phone _____
 Work Phone _____
 Subscriber SSN _____
 DOB _____
 Patient/Member ID _____

SECONDARY INSURANCE

Insurance Name _____
 Subscriber _____
 Relationship _____
 Subscriber ID _____
 Group Number _____
 Address _____
 City/St/Zip _____
 Home Phone _____
 Work Phone _____
 Subscriber SSN _____
 DOB _____
 Patient/Member ID _____

I verify the above information is accurate

Signature _____
 Relationship to patient (Please circle one) – mother father

Date _____
 grandparent stepparent legal guardian Other