

**REGISTRATION FORM**

**Section I – Patient Information**

Last Name			First Name			Middle		
Date of Birth (m/d/y)			Age			Social Security #		
Address								
City				State			Zip	
Home Phone			Cell Phone			Work Phone		
Detailed message may be left on (circle)			Home phone		Cell phone		NONE	
Email				Preferred Pharmacy				
Marital Status (circle) Single      Married      Divorced      Widowed				Primary Language spoken: <small>(if unable to communicate in English, patient responsible for translator)</small>				
Sex (circle) Male      Female      Other (specify) _____				Race (circle) White      Black      Hispanic      Other _____				
Occupation				Employer				
Primary Doctor/Family Doctor				Referring Doctor (if different)				

**Section II – Insured/Responsible Party (If same as above, proceed to Section III)**

Name (Last, First MI)			Relationship to patient:					
Address								
Home Phone			Cell Phone			Date of Birth		
Social Security #				Employer				

**Section III – Insurance Information (provide card at time of check-in)**

Primary Insurance Company			ID number			Group number		
Secondary Insurance Company			ID number			Group number		

**Section IV – Emergency Contact Information**

In case of emergency, contact			Relationship			Phone number		
***Do you authorize your PROTECTED HEALTH INFORMATION to be disclosed to your emergency contact? (circle)						YES		NO

**Section V – Authorization to Release Information**

My PROTECTED HEALTH INFORMATION may be released to the following people:  
 Authorization expires in 1 (one) year from the date of signature

Name			Relationship			Phone number		
Name			Relationship			Phone number		

\_\_\_\_\_ Initial here if you do NOT want your PROTECTED HEALTH INFORMATION to be released to ANY person other than myself

**The signature below affirms that the information provided above is correct to the best of my knowledge**

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

Printed Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
 (if someone other than patient is signing)