

**Patient Registration Information**

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

Patients First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

How would you like our staff to address you? \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

If different, full street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Best Time to Call \_\_\_\_\_ Email Address \_\_\_\_\_

SSN \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status \_\_\_\_\_

Preferred Pharmacy \_\_\_\_\_ City/State \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**If Referred by PCP/Medical Doctor please provide name of PCP/Medical Doctor** \_\_\_\_\_

Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Full Time, Part Time Occupation or school name \_\_\_\_\_

**Emergency contact name:** \_\_\_\_\_ **Relationship to Patient** \_\_\_\_\_ **Phone( )** \_\_\_\_\_ - \_\_\_\_\_

**Complete this section below only if a spouse, parent, guardian is primary insured or secondary insured or other responsible party for the account:**

**Responsible Party's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age** \_\_\_\_ **Sex** \_\_\_\_

If different address from patient, please provide information below.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ SSN \_\_\_\_\_

Full Time/ Part Time Occupation / Retired \_\_\_\_\_

**Primary Insurance** \_\_\_\_\_ **Primary Insured name** \_\_\_\_\_

**Primary Insured date of birth** \_\_\_\_\_ **Primary Insured SSN** \_\_\_\_\_

**Group #** \_\_\_\_\_ **ID** \_\_\_\_\_

**Secondary Insurance** \_\_\_\_\_ **Secondary Insured name** \_\_\_\_\_

**Secondary Insured date of birth** \_\_\_\_\_ **Secondary Insured SSN** \_\_\_\_\_

**Group #** \_\_\_\_\_ **ID** \_\_\_\_\_

**Relationship of patient to the policyholder:** SELF SPOUSE PARTNER CHILD OTHER (please circle answer)