

Patient Registration Form (please print)

Date _____ Home phone # _____ Cell phone # _____ Work # _____

(Please indicate or circle which is primary or best phone # to reach you at)

Patient Name _____ Birthdate _____ Age _____
Last Name First Name Initial

Mailing Address _____ City _____ State _____ Zip _____

Social Security Number _____ Please circle: Male or Female

Spouses name, social security number & date of birth (if spouse is the health insurance policy holder):

Circle the choice that best indicates your Marital Status:

Single Married Widowed Separated Divorced Other

Circle the choice that best indicates your Race: American Indian/Alaska Native Asian African American
Hawaiian/Pacific Islander Hispanic White Other Decline to answer

What language do you feel most comfortable speaking with your doctor or nurse? _____

Are you a seasonal resident? _____ If yes, provide your northern address/phone number: _____

Patient Employed by _____ Occupation _____

Employer Address & Phone number _____

In case of emergency who should be notified? _____ Phone # _____

Next of Kin _____ Relationship _____ Phone # _____

Do you have an Advanced Directive, Do Not Resuscitate Order, Durable Power of Attorney or Living Will? _____

If yes, please indicate which one & provide your doctor with a copy for your medical record file.

Assignment and Release

I, the undersigned certify that I (or my dependent) have insurance coverage with _____

Insurance company and I assign directly to Dr. _____ all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this insurance for all insurance submissions.

Responsible Party Signature _____ Relationship _____ Date _____

A broken appointment is a loss to everyone. Kindly provide us with 24 hours notice if you're unable to keep your appointment. Appointments that are missed or not cancelled with notice may be subject to a \$25 missed appointment fee. Thank you for your cooperation.