



PATIENT REGISTRATION

DATE: _____

PLEASE PRINT AND COMPLETE ALL ENTRIES					
PATIENT NAME (LAST -- FIRST -- MIDDLE INITIAL)			ADDRESS		
CITY, STATE		ZIP	HOME PHONE		CELL PHONE
PATIENT DATE OF BIRTH	PATIENT SSN		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____	
PATIENT EMPLOYER NAME		PATIENT EMPLOYER ADDRESS (STREET ADDRESS - CITY - STATE - ZIP)			EMPLOYER PHONE
PATIENT EMAIL ADDRESS					
INSURED/RESPONSIBLE PARTY INFORMATION			RELATION TO PATIENT: <input type="checkbox"/> spouse <input type="checkbox"/> parent <input type="checkbox"/> guardian		
NAME (FIRST -- LAST -- MIDDLE INITIAL)			ADDRESS (if different from patient)		
HOME PHONE	WORK PHONE	SSN	BIRTH DATE	EMPLOYER	
IS THIS A WORKER'S COMP CLAIM? (Circle One) Y N		STATE WHERE INJURY OCCURRED			DATE OF INJURY
PHYSICIAN INFORMATION					
PRIMARY DOCTOR/FAMILY DOCTOR			REFERRING DOCTOR		
EMERGENCY CONTACT					
IN CASE OF EMERGENCY CONTACT			RELATIONSHIP	PHONE NUMBER	

I give the facility and/or agents permission to send reminders of my appointment by the following method: (Mark all that apply):

_____ Cell _____ Email _____ Other (List Below)

Please note: In order to enhance our services, we are offering alternate reminder pathways for your appointments. HIPPA/HIT Privacy rules will be adhered to when applying this method of communication for appointment.

*Your permission is authorizing the facility to send appointment reminders or reschedule information ONLY by the method you have chosen above. This authorization also informs our office we can leave the reminders on voicemail if you are not available to answer. _____Opt Out (I do not give the facility and/or agents permission to send reminders of my appointment.)

I agree that the above is true to the best of my knowledge.

SIGNATURE (Patient or, if minor Signature of parent or guardian)	DATE
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**Cancellations are subject to 24-hour notice. Failure to do so will result in a \$25.00 charge.*