

## **Patient Registration Form**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_ Ext: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Email \_\_\_\_\_ SSN \_\_\_\_\_

Occupation \_\_\_\_\_

Pharmacy (Name, Address, Phone #) \_\_\_\_\_

Referred By/ How did you hear about us? \_\_\_\_\_

For Confidential Information (i.e. test results), OK to leave detailed message: (check all that apply)

\_\_\_ Home Phone \_\_\_ Cell Phone \_\_\_ Work Phone \_\_\_ E-Mail \_\_\_ US Mail \_\_\_ Other \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Additional Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

### **Insurance Information**

Name of Insured if Different then Patient: \_\_\_\_\_

Primary Insurance Name & Plan/ Medicare/ Medicaid: \_\_\_\_\_

Policy I.D. Number: \_\_\_\_\_

### **E-MAIL CONTACT**

E-mail offers a convenient way for us to communicate, however there are certain things to keep in mind.

- E-mail is never appropriate for urgent problems. For emergency, call 911, or go directly to the Emergency Department.
- E-mail is great for quick questions, prescriptions, referrals, etc. However for topics that require extensive discussion, please make an appointment.
- E-mail is not confidential. If you correspond via e-mail at work, your employer has a legal right to read your e-mail.
- E-mails are saved and become part of your permanent medical record.
- Either one of us may revoke permission to e-mail at any time.
- **By signing below, I agree to communicate via e-mail. I have read the above information and understand the limitations of security on information transmitted inside these communications.**

\_\_\_\_\_  
Signature of patient or legal guardian

\_\_\_\_\_  
Print name

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Date