



Patient Registration Form

Please print legibly

PATIENT INFORMATION	
Name: _____ Social Security # _____ Last Name First Name Middle Initial	
Address: _____ City _____ State _____ Zip _____	
Date of Birth _____ Primary phone # _____ Secondary phone _____	
Email address: _____	
Communication preference: <input type="checkbox"/> Primary phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Email <input type="checkbox"/> patient portal	
From time to time we will contact you and may leave a message on an answering machine, voice mail, or with another individual in your absence. Is it ok for such a message to include details (such as diagnosis and medication information)? ____Yes ____ No	
<u>PLEASE CIRCLE</u>	
GENDER: Male/Female LANGUAGE PREFERENCE: _____	
RACE: African American / Asian / Hispanic / Caucasian /Other _____	
In case of emergency Who should be notified? _____ Relation to patient _____ Phone # _____	
PREFERRED PHARMACY: Name: _____	
Address _____ Phone _____	
SECONDARY PHARMACY Name: : _____	
Address _____ Phone _____	
GUARDIAN INFORMATION	
If the patient is under 18, please provide the name of the primary guardian	
Name _____ Relationship _____	
Address _____ Phone _____ Social Security # _____	
FAMILY AND FRIENDS	
Persons involved in your care (family, friends, other doctors, etc.) may inquire about your treatment, lab results, prescriptions, etc. Please list those persons (including family, friends, other specialists) with whom we may share information: _____	

ASSIGNMENT AND RELEASE	
By supplying my home/mobile phone number, email address, and any other personal contact information, I authorize my health care provider to use my personal information: the name of my care provider, the time and place of my scheduled appointment(s), and other limited information, for the purpose of notifying me of a pending appointment, missed appointment, overdue wellness visit, or any other reasonable healthcare related communication.	
The above is true to the best of my knowledge.	
Signature or Parent/Guardian signature _____ Date _____	