

PATIENT REGISTRATION FORM

Patient Information

Patient's First Name		Middle Name		Last Name	
Date of Birth (MM/DD/YYYY)		Sex	Race	Ethnicity (circle one) Hispanic/Latino Non-Hispanic/Latino	
Patient's Street Address			City	State	Zip
Primary Phone: Home / Cell		Alternate Phone: Home / Cell		Parent / Guardian Email Address	
Pharmacy		Pharmacy Phone		Preferred Contact Method: (circle one) Phone Email	
Pharmacy Address			Languages spoken		Siblings who are also patients: (list names)

Parent(s) / Guardian(s) Information

Parent / Guardian Name #1		Relationship to Patient: (circle one) Mother Father Grandparent Legal Guardian		Date of Birth (MM/DD/YYYY)	
Parent / Guardian Street Address			City	State	Zip
Primary Phone: Home / Cell		Alternate Phone: Home / Cell		Parent / Guardian Email Address	
Parent / Guardian Name #2		Relationship to Patient: (circle one) Mother Father Grandparent Legal Guardian		Date of Birth (MM/DD/YYYY)	
Parent / Guardian Street Address			City	State	Zip
Primary Phone: Home / Cell		Alternate Phone: Home / Cell		Parent / Guardian Email Address	

Emergency Contact (other than parents or guardian)

Emergency Contact Name #1		Phone: Home / Cell	Relationship to Patient
Emergency Contact Name #2		Phone: Home / Cell	Relationship to Patient

Insurance and Billing

Primary Health Insurance

Insurance Company			Plan		
Plan / Policy Number		Group Number		Policy Holder's Employer	
Policy Holder's Name (as it appears on insurance card or ID)		Policy Holder's Social Security Number		Policy Holder's Date of Birth (MM/DD/YYYY)	
Policy Holder's Street Address			City	State	Zip
Policy Holder's Phone Number			Relationship to Policy Holder		

Secondary Health Insurance

Insurance Company			Plan		
Plan / Policy Number		Group Number		Policy Holder's Employer	
Policy Holder's Name (as it appears on insurance card or ID)		Policy Holder's Social Security Number		Policy Holder's Date of Birth (MM/DD/YYYY)	
Policy Holder's Phone Number			Relationship to Policy Holder		

Signature of Parent or Authorized Guardian

Date
