



PATIENT REGISTRATION

TODAY'S DATE: ____/____/____

Patient Name: _____ Patient Date of Birth ____/____/____

If Minor: Mother's Name _____ Phone: _____
Father's Name _____ Phone: _____
OR Legal Guardian _____ Phone: _____

Patient Age: _____ months / years old Sex: M F Social Security Number _____ - _____ - _____

Please Circle One: Single Married Widowed Divorced

Patient Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email Address: _____

By providing your phone number, you provide consent to receive text messages from our practice regarding your appointments, care instructions, billing updates, and other health-care related information. Message frequency may vary and standard message and data rates may apply. You may opt out of SMS communications at any time by replying STOP. Your consent to receive text message is voluntary and not a condition of treatment, payment, or enrollment.

Family Doctor & Location: _____
(First & Last Name) (city & state)

Pharmacy Name & Location: _____

Insurance Information: Is patient the insurance policy holder? Yes No If no, please provide the following:
Insurance holder's name: _____ Date of Birth: ____/____/____
Social Security Number: _____ - _____ - _____ Relationship to Patient: _____
Ph: _____ Address: _____ City: _____ State: ____ Zip: _____

Information we are required to ask:

We are required by the Federal Government to ask and collect the following information on race, ethnicity, sexual identification, gender orientation, employment status and language preferences. We appreciate you providing us with this information.

RACE

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian or Other Pacific Islander
- White
- Other (please specify) _____
- Unreported/Decline to Report

ETHNICITY

- Hispanic or Latino
- Not Hispanic or Latino

SEXUAL IDENTIFICATION

- Straight or heterosexual
- Lesbian, gay, or homosexual
- Bisexual
- Something else
- Don't know
- Decline

GENDER ORIENTATION

- Female
- Male
- Transgender male/Trans man/Female-to-male
- Transgender female/Trans woman/Male-to-female
- Genderqueer, neither exclusively male nor female
- Decline

EMPLOYMENT STATUS (circle one)

Employed / Not Employed / Retired

LANGUAGE PREFERENCE: _____

Occupation: _____

