PATIENT REGISTRATION FORM

*** INDICATES REQUIRED FIELD**

***PATIENT NAME**:_____ ***DOB**:_____

***ADDRESS**:_____

***CITY/STATE**:_____ **ZIP CODE**:_____ ***PREFERRED CONTACT #** ☐ HOME

☐ CELL

***PHONE NUMBER**: (H)_____ (C)_____

***EMAIL ADDRESS**:_____

APPOINTMENT REMINDERS: ☐ TEXT ☐ PHONE CALL ☐ EMAIL

MARITAL STATUS:_____ ***PRIMARY CARE PROVIDER**: _____

***INSURANCE SUBSCRIBER**: ☐ PATIENT IS THE SUBSCRIBER (if other than patient, complete the following)

Subscriber Name:_____DOB:_____

Address:_____TEL#:_____

EMERGENCY CONTACT:_____TEL#_____

ADDRESS(if different from patient):_____

RELATIONSHIP TO PATIENT:_____

***Are you receiving ANY TYPE of Home Care Services?** ☐ YES ☐ NO (if yes, complete the following)

Home Care Provider:_____Tel#_____

Address:_____

EMPLOYER: (to be completed for workers compensation claims only)

Employer Name:_____Tel#_____

Address:_____

PLEASE COMPLETE OTHER SIDE →

PATIENT REGISTRATION FORM

*** INDICATES REQUIRED FIELD**

WHAT IS YOUR PREFERRED PRIMARY LANGUAGE?

- ☐ American Sign Language
- ☐ Arabic
- ☐ Burmese
- ☐ Cambodian/Khmer
- ☐ Cantonese
- ☐ Creole
- ☐ English
- ☐ French
- ☐ Greek
- ☐ Gujarati/Haitian
- ☐ Hindi
- ☐ Italian
- ☐ Korean
- ☐ Mandarin
- ☐ Other_____
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish
- ☐ Swahili
- ☐ Vietnamese

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR ETHNICITY? (You may choose more than one) *Ethnicity refers to your background, heritage, culture, ancestry, or sometimes the country you were born.*

- ☐ African American
- ☐ African
- ☐ American
- ☐ Asian
- ☐ Asian Indian
- ☐ Brazilian
- ☐ Cambodian
- ☐ Cape Verdean
- ☐ Caribbean Island
- ☐ Central American
- ☐ Chinese
- ☐ Columbian
- ☐ Cuban
- ☐ Declined
- ☐ Dominican
- ☐ Eastern European
- ☐ European
- ☐ Filipino
- ☐ Guatemalan
- ☐ Haitian
- ☐ Honduran
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Mexican
- ☐ Middle Eastern/N. African
- ☐ Other_____
- ☐ Portuguese
- ☐ Puerto Rican
- ☐ Russian
- ☐ Salvadoran
- ☐ South American
- ☐ Unknown
- ☐ Vietnamese

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR RACE? (You may choose more than one) *Race is the racial group or groups that you identify with as having similar physical characteristics or similar social and geographic origins.*

- ☐ Asian
- ☐ Black
- ☐ Caucasian
- ☐ Declined/Unknown
- ☐ Native Hawaiian/Pacific Island
- ☐ Hispanic
- ☐ Multi-Racial
- ☐ American Indian/Alaskan Native
- ☐ Other_____