Patient Registration

Patient Information

Patient Last Name	First Name	Middle Initial	Date of Birth	Sex

Mailing Address	City	State	Zip Code

Primary Telephone	Other Telephone	Activate Patient Portal?	Email Address
		☐ Yes ☐ No	

Primary Language	Do You Need an Interpreter?	Ethnicity	Hearing Impaired?	Vision Impaired?
	☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No

Employer Name	Employer Telephone

Employer Address	Employer City	Employer State	Employer Zip Code

Primary Care Physician	Referring Physician

Emergency Contact Information

Last Name	First Name	Relationship to Patient	Primary Telephone	Legal Guardian?
				☐ Yes ☐ No

Responsible Party If Other Than Patient

Last Name	First Name	Relationship to Patient	Primary Telephone

Street Address	City	State	Zip Code

Medical Insurance Policy Holder

☐ **Check Here if Uninsured**

Primary Insurance Company	Policy Holder Last Name	Policy Holder First Name

Relationship to Patient	Subscriber ID	Group Number	Date of Birth

Secondary Insurance Company	Policy Holder Last Name	Policy Holder First Name

Relationship to Patient	Subscriber ID	Group Number	Date of Birth

Assignment of Benefits / Consent for Treatment

I do hereby assign all medical benefits to which I am entitled, including all government and private insurance plans to this office. This assignment will remain in effect until revoked by me in writing. I acknowledge receipt of the Financial Policy and I understand that I am responsible for all charges not paid by insurance. I authorize this practice to release all information necessary to secure payment. I hereby voluntarily consent to treatment at this office and authorize such treatments, examinations, medications, and diagnostic procedures (including, but not limited to the use of lab and radiographic studies) as ordered by attending providers. I hereby voluntarily consent to the taking of photographic images for treatment purposes only (wound care progression, documentation of rashes, etc.) as ordered by the attending providers.

Signature of Patient / Legal Guardian	Date