

New patient registration

Please print clearly. If you would rather tell us these answers in person or by phone, we will fill this in with you. Skip anything you are not sure about.

About the patient

Full legal name		Name you like to be called
Date of birth (month, day, year)	Sex on your insurance card	Pronouns (optional)
Home address		Apartment or unit
City	State	ZIP code
Mobile phone	Other phone	Email address

Best way to reach you

☐ Phone call ☐ Text message ☐ Email

Language you prefer for your visit	Interpreter or other help needed (describe)
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Anything that would make your visit easier (for example a quiet room, extra time or large print)

Emergency contact and pharmacy

Emergency contact name	Relationship	Phone
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Preferred pharmacy and its street or cross streets

Insurance

How will you pay for your visit?

☐ I have insurance

☐ I will pay without insurance (self-pay)

Insurance company

Plan name

Member ID

Group number

Policy holder name

Policy holder date of birth

If the patient is under 18

Parent or legal guardian full name

Relationship

Phone

Signature of patient, parent or guardian

Date