

# NEW PATIENT REGISTRATION FORM

## Patient Information:

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender (M/F/Other): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP Code: \_\_\_\_\_

## Emergency Contact:

Full Name: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Alternate Phone Number: \_\_\_\_\_

## Insurance Information:

Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Insured's Name: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_  
Insurance Phone Number: \_\_\_\_\_

## Medical History (Check all that apply):

- Diabetes / Insulin Dependent
- High Blood Pressure
- Heart Disease
- Asthma / Respiratory Issues
- Allergies (Specify): \_\_\_\_\_
- Previous Surgeries (Specify): \_\_\_\_\_
- Current Medications (Specify): \_\_\_\_\_
- Other Chronic Conditions (Specify): \_\_\_\_\_

## Consent and Authorization:

I hereby authorize the medical providers and staff of this facility to provide medical care and treatment considered necessary and proper in the diagnosis and treatment of my condition. I understand that I am responsible for providing accurate and complete medical history and for notifying providers of any changes. I consent to the release of medical information necessary for insurance purposes. I acknowledge that I have received and understand the Notice of Privacy Practices and Patient Rights. I understand that payment is due at the time of service unless other arrangements have been made.

**PATIENT SIGNATURE**

**GUARDIAN SIGNATURE (if applicable)**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Legal Compliance and Acknowledgment:**

This form is compliant with applicable United States federal and state laws regarding patient privacy and medical information, including but not limited to HIPAA regulations. By signing above, the patient (or legal guardian) acknowledges the accuracy of the information provided and consents to the terms specified herein.

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