FreeState PRIMARY CARE

PATIENT REGISTRATION FORM

PATIENT INFORMATION

FIRST NAME | LAST NAME

DOB | SSN

ADDRESS

PHONE

Home ☐ Cell ☐ Work ☐ Ok to leave a voicemail? Yes ☐ No ☐ Ok to text message? Yes ☐ No ☐

EMAIL

RELATIONSHIP STATUS Single ☐ Married ☐ Partnered ☐ Divorced ☐ Separated ☐ Widowed ☐

GENDER Female ☐ Male ☐ Other ☐

EMERGENCY CONTACT

NAME | RELATIONSHIP TO PATIENT | PHONE

INSURANCE INFORMATION

INSURANCE COMPANY | ID NUMBER | POLICY NUMBER

SECONDARY INSURANCE INFORMATION

INSURANCE COMPANY | ID NUMBER | POLICY NUMBER

FreeState PRIMARY CARE

PATIENT REGISTRATION FORM

POLICY HOLDER INFORMATION

FIRST NAME | LAST NAME

DOB | SSN

ADDRESS | PHONE

PARENT/GUARDIAN #1

NAME | DOB | GENDER Female ☐ Male ☐ Other ☐

RELATIONSHIP TO PATIENT | SSN

ADDRESS | PHONE

EMAIL

PARENT/GUARDIAN #2

NAME | DOB | GENDER Female ☐ Male ☐ Other ☐

RELATIONSHIP TO PATIENT | SSN

ADDRESS | PHONE

EMAIL