

# Welcome!

## REGISTRATION FORM

### Section I: Patient Information Date \_\_\_\_\_

Name: \_\_\_\_\_ I Prefer to be called: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
The best time to contact me is: \_\_\_\_\_ ☐ A.M. ☐ P.M. on my ☐ Home phone ☐ Work phone ☐ Cell phone  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Check Appropriate Box: ☐ Minor ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced  
If Student, Name of School \_\_\_\_\_ City/State \_\_\_\_\_ ☐ FT ☐ PT  
Spouse or Parent's Name: \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Whom may we thank for referring you? \_\_\_\_\_  
Person to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Would you like to receive our e-newsletter? ☐ Yes ☐ No

### Section II Responsible Party

Relationship to Patient: ☐ Self ☐ Spouse ☐ Parent ☐ Other  
Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ SSN# \_\_\_\_\_

### Section III Insurance Information

Name of Insured \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
SSN#: \_\_\_\_\_ Name of Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Address of Employer: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Grp # \_\_\_\_\_ ID# \_\_\_\_\_  
Ins Co Address: \_\_\_\_\_ Ins Co. Phone: \_\_\_\_\_

----- DO YOU HAVE ANY ADDITIONAL INSURANCE? ☐ Yes ☐ No IF YES, COMPLETE THE FOLLOWING -----

Name of Insured \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
SSN#: \_\_\_\_\_ Name of Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Address of Employer: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Grp # \_\_\_\_\_ ID# \_\_\_\_\_  
Ins Co Address: \_\_\_\_\_ Ins Co. Phone: \_\_\_\_\_