



RETURN

NEW

Patient Registration Form

Last Name: _____ **First Name:** _____ **MI** _____

Date of Birth: ____/____/____ **SSN:** ____-____-____ **Gender:** _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____ **Email Address:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Is it ok to leave a message at the contact number listed? Y / N

Is this visit Worker's Comp? Y / N

Is this visit due to a MVA (Motor Vehicle Accident)? Y / N

Primary Care Physician Name: _____ **Phone Number:** _____

Insurance Company Name: _____ **Policy Holder Name:** _____

Policy Holder SSN: ____-____-____ **Policy Holder DOB:** ____/____/____

What pharmacy will you be using today? Name: _____ Location: _____

Emergency Contact Name: _____ **Phone Number:** _____

It is ok to release my Health Information to the following:

Name: _____ **Relationship:** _____

How did you hear about Emergency Physicians Medical Center? _____

Please return this to the Front Desk when completed with your

- **Driver's License**
- **Insurance card(s)**
- **Please read the laminated forms, we will have you sign for them electronically.**
- **You will be responsible for all applicable copays, coinsurance, and/ or deductibles on each date of service.**

Continued on back...

Reason for Visit:

Medications:

Name: **Dose:** **X per day:** **Reason for Rx:**

Drug Allergies:

Reaction:

Medical Hx: (circle all that apply)

Surgical Hx: (circle all that apply)

Diabetes I Diabetes II Hypertension Asthma

Appendectomy Gallbladder

COPD Stroke Heart Attack

Hysterectomy Tonsillectomy

Other: _____

Other: _____

Circle one:

Never smoked Current Smoker Former Smoker **If yes, how much:** _____

Year started: _____ **Year Quit:** _____ **Do you want to quit?** Y / N

Do you drink? Yes Socially No

Family History of: Hypertension Diabetes I / II Other: _____

Have you had a Tetanus shot within the last 5 years? Y / N

For Staff Use Only:

BP _____

NOTES: _____

PULSE _____

RESP _____

TEMP _____

O₂SAT _____

PAIN _____

Weight _____

Height _____
