

Patient Registration Form

Patient information

Last Name: _____ First: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip code: _____

Home # _____ Work # _____ Cell# _____

May we leave a personal message on your answering machine regarding any or all ongoing medical conditions? Y N

Do we have permission to talk to another person (spouse, family member) about your medical condition or finances? Y N

If YES, name of person: _____ Relationship to you: _____

May we call you at work? Y N May we call your cell phone? Y N

May we contact you by email? Y N If YES, email address: _____

DOB: _____ AGE: _____ SEX: M F Spouse/partner name: _____

Race: White: African American: Asian: Other Pacific: More than one race: Choose not to respond:

Ethnicity: Hispanic/Latino/a: non-Hispanic/Latino/a: Unreported:

Primary language: English: Spanish: Russian: Other:

Employer: _____ Occupation: _____

Social Security Number: _____ Marital status (single, married, divorced, widowed): _____

Referring Physician: _____ Phone # _____

Primary Care Physician: _____ Phone # _____

Pharmacy: _____ Phone # _____

Emergency Contact: _____ Phone # _____

Relationship of Emergency Contact: _____

INSURANCE-PRIMARY: _____

Primary Subscriber Name: _____ DOB: _____ Employer: _____

ID# : _____ Group #: _____ Please show insurance card at **each** visit.

INSURANCE-SECONDARY: _____

Subscriber Name: _____ DOB: _____ Employer: _____

ID# : _____ Group #: _____ Please show insurance card at **each** visit.

I hereby authorize UROLOGY NORTHWEST, PS to furnish information to insurance carriers concerning my illness and treatment. I understand that sensitive material from my medical history could be included.

Signed: _____ Date: _____

I hereby assign to UROLOGY NORTHWEST, PS all payments for medical services rendered to myself or to my dependents. I understand that I have financial responsibility for any amount not covered by insurance.

Signed: _____ Date: _____

Internal Use Only

Review date/by: 2011 _____ 2012 _____ 2013 _____ 2014 _____ 2015 _____ 2016 _____ 2017 _____