

# Patient Registration

PLEASE PRINT AND COMPLETE THE FOLLOWING CONFIDENTIAL INFORMATION AND BRING IT WITH YOU TO YOUR FIRST APPOINTMENT

IF THIS APPOINTMENT IS FOR YOU, START HERE. IF THE APPOINTMENT IS FOR YOUR CHILD PLEASE FILL IN PART II.

## PART I

DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

## PART II

IF THIS APPOINTMENT IS FOR YOUR CHILD, PLEASE COMPLETE THE FOLLOWING

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

IF YOUR CHILD'S LAST NAME AND/OR ADDRESS ARE NOT THE SAME AS YOURS PLEASE COMPLETE PARTS I AND II.