

## PATIENT REGISTRATION

Welcome to our office. We are committed to providing the best and most comprehensive care possible. We encourage you to ask questions. Please assist us by providing the following information. All information is confidential and is released only with your consent. Please fill in the blanks.

**Head of Household:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**SS #** \_\_\_\_\_ **Please Circle One: Gender:** M F **Race:** Asian Native  
Hawaiian Other Polynesian Black Native American White More than One Race  
Other \_\_\_\_\_

**Ethnicity:** Hispanic Non-Hispanic All Others **Preferred Language**  
\_\_\_\_\_

**Home Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Employer's Address** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**SS #** \_\_\_\_\_ **Please Circle One: Gender:** M F **Race:** Asian Native  
Hawaiian Other Polynesian Black Native American White More than One Race  
Other \_\_\_\_\_

**Preferred Language** \_\_\_\_\_ **Ethnicity:** Hispanic Non-Hispanic All  
Others

**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Employer's Address** \_\_\_\_\_

### **Children:**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Please Circle One: Gender:** M F **Race:** Asian Native Hawaiian Other Polynesian Black  
Native American White More than One Race Other \_\_\_\_\_

**Ethnicity:** Hispanic Non-Hispanic All Others

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Please Circle One: Gender:** M F **Race:** Asian Native Hawaiian Other Polynesian Black  
Native American White More than One Race Other \_\_\_\_\_

**Ethnicity:** Hispanic Non-Hispanic All Others

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**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Please Circle One: Gender:** M F **Race:** Asian Native Hawaiian Other Polynesian Black  
Native American White More than One Race Other \_\_\_\_\_

**Ethnicity:** Hispanic Non-Hispanic All Others

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Please Circle One: Gender:** M F **Race:** Asian Native Hawaiian Other Polynesian Black  
Native American White More than One Race Other \_\_\_\_\_

**Ethnicity:** Hispanic Non-Hispanic All Others

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Please Circle One: Gender:** M F **Race:** Asian Native Hawaiian Other Polynesian Black  
Native American White More than One Race Other \_\_\_\_\_

**Ethnicity:** Hispanic Non-Hispanic All Others

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Please Circle One: Gender:** M F **Race:** Asian Native Hawaiian Other Polynesian Black  
Native American White More than One Race Other \_\_\_\_\_

**Ethnicity:** Hispanic Non-Hispanic All Others

**Emergency Contact: ( Not Living with You)**

**Name:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work Phone #** \_\_\_\_\_ **Cell Phone#** \_\_\_\_\_

**Thank you!!!!**