



4710 OLD TROY PIKE • DAYTON, OHIO 45424

PHONE: (937) 233-1230

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Patient Registration Information

Name: Last _____ First: _____ MI: _____
 Address: _____ Apt/PO Box _____
 City: _____ State: _____ Zip: _____ County: _____
 Phone: _____ Cell: _____ Work # _____ Ext. _____
 SSN: _____ - _____ - _____ DOB: _____ - _____ - _____ Email: _____
 Single _____ Married _____ Divorced _____ Widowed _____ Sex: M _____ F _____ Race _____

Responsible Party Information

Self: _____ Name: Last _____ First: _____ MI _____
 Address: _____ Apt/PO Box: _____
 City: _____ State: _____ Zip: _____ SSN: _____ - _____ - _____
 Phone: _____ Cell: _____ Email: _____
 Employer Name: _____ Phone: _____ Ext: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Emergency notification: Name: _____
 Phone: _____ Relationship: _____

Income:	_____ Less than 10,000	_____ 10,000-14,999	_____ 15,000-24,999
	_____ 25,000-34,999	_____ 35,000-49,999	_____ 50,000-74,999
	_____ 75,000-99,999	_____ 100,000-149,999	
	_____ 150,000-199,999	_____ 200,000+	

** This information is necessary to help secure assistance for services based on income.*

Who may we communicate with regarding your appointments?

Name: _____ Phone: _____
 Name: _____ Phone: _____

Insurance Information

Insurance #1: _____ Policy Holder's Name: _____
 Address: _____ Policy Number _____ Group: _____
 _____ DOB _____ Sex: M _____ F _____
 Phone: _____ Address: _____
 _____ Phone: _____

Insurance #2: _____ Policy Holder's Name: _____
 Address: _____ Policy Number _____ Group: _____
 _____ DOB _____ Sex: M _____ F _____
 Phone: _____ Address: _____
 _____ Phone: _____

Insurance #3: _____ Policy Holder's Name: _____
 Address: _____ Policy Number _____ Group: _____
 _____ DOB _____ Sex: M _____ F _____
 Phone: _____ Address: _____
 _____ Phone: _____