



## 2011 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 \_\_\_\_\_

Employment Status: Student \_\_\_\_\_ Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Retired \_\_\_\_\_ Disabled \_\_\_\_\_ Other \_\_\_\_\_  
 Is the Patient currently eligible for MR/DD Services: Yes \_\_\_\_\_ No \_\_\_\_\_

## Responsible Party Information

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

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: \_\_\_\_\_