



3400 Forest Hill Boulevard  
West Palm Beach, Florida 33406

### PATIENT INFORMATION: REGISTRATION FORM

LAST NAME		FIRST NAME		MI	DATE OF BIRTH
STREET ADDRESS/P.O. BOX/APT		CITY		STATE	ZIP
HOME PHONE	CELL PHONE	ALTERNATE PHONE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/> D	
EMAIL ADDRESS		<input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to receive practice information	RELATIONSHIP TO RESPONSIBLE PARTY <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER		
ALTERNATIVE ADDRESS/APT		CITY		STATE	ZIP
EMPLOYER NAME & PHONE					
PRIMARY PHYSICIAN NAME, ADDRESS & PHONE NUMBER					
NAME OF REFERRING PHYSICIAN/PERSON					

### RESPONSIBLE PARTY: (If different from above)

LAST NAME		FIRST NAME		MI	DATE OF BIRTH
STREET ADDRESS/P.O. BOX		CITY		STATE	ZIP
EMAIL ADDRESS		WORK PHONE		CELL PHONE	

### EMERGENCY CONTACT

NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP

### PRIMARY / SECONDARY / POLICY HOLDER INFO (if other than self)

POLICY HOLDER'S FIRST NAME		LAST NAME	
POLICY HOLDER'S DATE OF BIRTH	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PHONE NUMBER	
ADDRESS: <input type="checkbox"/> SAME AS ABOVE			
RELATIONSHIP TO PATIENT: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER			

### MEDICARE PATIENTS ONLY - PLEASE COMPLETE THIS SECTION

- Are you currently working? Yes No  
If yes, employer name: \_\_\_\_\_
- Do you have insurance through your employer? Yes No
- Is your spouse currently working? Yes No  
If yes, employer: \_\_\_\_\_
- Do you have insurance through your spouse's employer? Yes No

Signature of patient or patient's representative

Date

FOR OFFICE

USE ONLY 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Date

Initials