Please review and update the information below to the best of your ability.

Patient Registration

Current Patient Information – please print

Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name (if applicable): _____

Address: _____

City: _____State: _____Zip:_____

Home Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Mobile Phone: (_____) _____ - _____

Sex assigned at birth: _____

Date of Birth: _____

Social Security Number: _____

Patient email: _____

Contact preference (circle one): **Home phone | Work phone | Mobile phone | Portal | Email**

Primary Language: _____

Race:

_____

Ethnicity (circle one): **Mexican/Mexican American/Chicano/a | Puerto Rican | Cuban**

Other Hispanic/Latinx | Not Hispanic/Not Latinx | Decline to Specify

Marital Status (circle one): **Single | Married | Domestic Partner | Divorced | Widowed | Other:**_____

Student Status (circle one): **Full Time Student | Part Time Student | Not Applicable**

Do you reside in Public Housing or are currently experiencing homelessness? ☐ No ☐ Public Housing ☐ Homeless

Are You a Veteran? ☐ Yes ☐ No

Emergency Contact Information

Name: _____

Relationship to patient: _____

Phone: (_____) _____ - _____

Employer Information

Employer Name: _____

Employer Phone: (_____) _____ - _____

Spouse Information (if applicable)

Name: _____

Date of Birth: _____

Social Security Number: _____

Primary Phone: (_____) _____ - _____

Address: _____

City: _____State: _____Zip:_____

Pharmacy Information

Pharmacy Name: _____

Pharmacy Address: _____

City: _____State: _____Zip:_____

Pharmacy Phone: (_____) _____ - _____

Primary Insurance Information

Insurance Plan Name: _____

Policy Number: _____

Group Number: _____

Patient Relationship to Policy Holder (circle one):**Self | Child | Spouse**

Secondary Insurance Information

Insurance Plan Name: _____

Policy Number: _____

Group Number: _____

Patient Relationship to Policy Holder (circle one): **Self | Child | Spouse**

To the best of my knowledge the above information is complete and accurate.

Signed_____**Date:**_____