

Palm Coast Family Practice & Walk-In Clinic Patient Registration

Please Complete All Sections

Today's Date: ___/___/___

Patient's Name _____ Date of Birth ___/___/___ Age: _____ Gender: _____

Physical Address _____ City, State, Zip _____

Mailing Address _____ City, State, Zip _____

Primary Phone (____) _____ Secondary Phone (____) _____

Social Security # _____ Marital Status: Single Married Divorced Widowed Separated

Email Address _____ Appointment Reminder Preference: Text Email Call

Employer _____ Phone Number (____) _____

Employer Address _____

Other family members that are patients: _____

Responsible Party Information (if not self). This information will be used for patient balance statements.

Patient's Relationship to Responsible Party: Self Spouse Child Step-child Other: _____

Name (First, MI, Last) _____ Date of Birth ___/___/___ Age: _____ Sex: M F

Mailing Address (street) _____ Apt# _____

City _____ State _____ Zip _____

Home Phone (____) _____ Daytime Phone (____) _____ SS# _____

Insurance Information: Provide your insurance cards (primary, secondary, etc.) to the front desk at check-in.

Insurance Comp. Name _____ ID# _____ Group # _____

Policy Holder Name _____ Policy Holder Social Security # _____

Policy Holder D.O.B ___/___/___ Group Number _____

Patient's relationship to Insured: Self Spouse Child Step-child Other: _____

Secondary/ Other Insurance: _____ ID# _____ Group # _____

Policy Holder D.O.B ___/___/___ Policy Holder Social Security # _____

Patient's relationship to Insured: Self Spouse Child Step-child Other: _____

What are your goals for this office visit? _____

Long term healthcare goals? _____

Is your visit due to a work related or motor vehicle accident? Yes No

In case of emergency (Please list someone who does not live with you)

Name _____ Relationship to patient _____

Address _____ Phone# (____) _____

Pharmacy Name _____ Address/Cross Streets _____

Pharmacy Phone # (____) _____

How did you hear about Palm Coast Family Practice & Walk-In Clinic? _____