Primary Care of Eureka
PATIENT REGISTRATION

PATIENT INFORMATION

Today's Date: _____ How did you hear about us?:_____

Name: (Last, First, Middle)_____

Name you prefer to go by:_____ Birth/Maiden Name:_____

Date of Birth: _____ Age: _____ Social Security #: _____

Gender: ☐ M ☐ F Marital Status: ☐ S ☐ M ☐ D ☐ W

Race: ☐ Declined ☐ Amer. Indian ☐ Asian ☐ African American ☐ Caucasian ☐ Hispanic ☐ Other

Ethnic Group: ☐ Declined ☐ American ☐ Hispanic ☐ African American ☐ Asian ☐ Other

Language: ☐ English ☐ Other

Address: _____ City:_____

State: _____ Zip: _____ Home Phone: _____ Work: _____

Cell Phone: _____ Email Address: _____

Preferred Contact Method: ☐ Home Phone ☐ Cell Phone ☐ Work Phone

Driver's License Number: _____ Driver's License State: _____

Employer Name and Address: _____ Occupation: _____

RESPONSIBLE PARTY INFORMATION – Note if you are over the age of 18 yrs. You are responsible for yourself.

Name of Responsible Person: _____ Date of Birth:_____

Relationship to patient: ☐ Self ☐ Child ☐ Spouse ☐ Other

Address: _____ City:_____

State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____

Employer Name and Address: _____ Occupation: _____

Continuation: PATIENT INFORMATION

Are you an Organ Donor: ☐ Yes ☐ No Do you have a Living Will? : ☐ Yes ☐ No ☐ Unknown

Do you have an Advanced Directive? ☐ Yes ☐ No ☐ Unknown

Would you like to receive additional information about Advanced Directives? ☐ Yes ☐ No

What is your most Commonly Used Pharmacy: _____ Where? _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name**:** _____ Relationship to patient: _____

Home: _____ Cell: _____ Work: _____

(PRIMARY) INSURANCE INFORMATION

Name of Insurance: _____ ID #_____ Group #_____

Name of Primary Policy Holder:_____ Date of Birth: _____

Relationship to the Patient: _____

(SECONDARY) INSURANCE INFORMATION

Name of Insurance: _____ ID #_____ Group #_____

Name of Primary Policy Holder:_____ Date of Birth: _____

Relationship to the Patient: _____

_____ _____

Signature Date

_____ _____

Parent (if minor) Date