



## Patient Registration Form

Please write N/A if it doesn't apply to your situation. Thank you!

**Patient**

(This form will be shredded after check in)

Last Name		First Name		Middle
SSN		Birth Date		Sex <input type="radio"/> Male <input type="radio"/> Female
Address			Contact Preference: <input type="radio"/> Phone Call <input type="radio"/> Email <input type="radio"/> Text	
City		State	Zip	Marital Status
Phone Number			Email	
Please choose one of the following:		Who are you employed with?		
<input type="radio"/> Self   <input type="radio"/> Student   <input type="radio"/> Homemaker   <input type="radio"/> Retired   <input type="radio"/> Unemployed		_____		
Race		<input type="radio"/> African American   <input type="radio"/> American Indian   <input type="radio"/> Asian   <input type="radio"/> Caucasian   <input type="radio"/> Greek   <input type="radio"/> Hispanic   <input type="radio"/> Polynesian   <input type="radio"/> Other _____		
Preferred Language		<input type="radio"/> Arabic   <input type="radio"/> Chinese   <input type="radio"/> English   <input type="radio"/> German   <input type="radio"/> Italian   <input type="radio"/> Japanese   <input type="radio"/> Portuguese   <input type="radio"/> Russian   <input type="radio"/> Spanish   <input type="radio"/> Thai   <input type="radio"/> Other _____		
Nationality		<input type="radio"/> American   <input type="radio"/> Dutch   <input type="radio"/> English   <input type="radio"/> French   <input type="radio"/> German   <input type="radio"/> Irish   <input type="radio"/> Scottish   <input type="radio"/> Swedish   <input type="radio"/> Other _____		

### Spouse (or parent if patient is under the age 18)

Last Name		First Name		SSN
Phone Number		Birth Date		Sex (Circle One) <input type="radio"/> Male <input type="radio"/> Female

### In Case of Emergency

Name of a person not living with you	
Phone Number	Relationship

### Insurance Information- NOT needed for cosmetic procedures

Insurance Company	
Policy Number	PO Box or Address
Group Number	Do you have your card with you? <input type="radio"/> Yes <input type="radio"/> No
Policy Holder Name and Birthdate	Policy Holder Relation