PATIENT REGISTRATION

Pt #: ______________________________

Effective Date: __________ to ______________

PSS Staff______________________________

Patient/Parent Guardian Name			*Preferred Phone*
Mailing Address			*Email*
City, State, Zip		*Place of Employment*	*Patient/Guardian Social Security Number*
Sex at Birth ☐ *Male* ☐ *Female*	*Gender **(Optional)***	*Race **(Optional)*** ☐ *Asian* ☐ *Black/African American* ☐ *American Indian/Alaska Native* ☐ *White* ☐ *Prefer Not to Answer*	

SELF, SPOUSE & DEPENDENTS UNDER THE AGE OF 18:

Name	***Date of Birth***	***Name***	***Date of Birth***
Self		*Dependent*	
Spouse		*Dependent*	
Dependent		*Dependent*	
Dependent		*Dependent*	

EMERGENCY CONTACTS (ADULT PATIENTS ONLY):

Name	*Relationship*	*Phone*
☐ *Emergency* ☐ Appointment Info	☐ Verbal Test Results ☐ Billing Info	☐Prescription Pickup
Name	*Relationship*	*Phone*
☐ *Emergency* ☐ Appointment Info	☐ Verbal Test Results ☐ Billing Info	☐Prescription Pickup

INSURANCE/SLIDING SCALE:

☐ *Medical Insurance*: ______________________________ ☐ *I have no medical insurance coverage*	☐ *Dental Insurance:* ______________________________ ☐ *I have no dental insurance coverage*

☐ *I am interested in applying for **Complete Health's Sliding Fee Discount Program** and understand I must provide requested documentation within 10 business days of today's visit or I may be charged the full price of today's visit*

☐ *I am homeless (as in living on the street or in a shelter like Cornerstone Rescue Mission or OneHeart)*

☐ *I decline to apply for the Sliding Fee Discount Program*

Patient Initials: ____________

MINOR REGISTRATION (COMPLETE ONLY IF PATIENT IS UNDER 18)

MINOR CHILDREN THAT ARE PATIENTS OF COMPLETE HEALTH:

Name	*Social Security Number*	*School*

MINOR CONSENTS:

List those individuals who in your absence may consent to care for your minor children.

Name	*Relationship*	*Phone*
☐ *Emergency* ☐ Appointment Info	☐ Verbal Test Results ☐ Billing Info	☐Prescription Pickup
Name	*Relationship*	*Phone*
☐ *Emergency* ☐ Appointment Info	☐ Verbal Test Results ☐ Billing Info	☐Prescription Pickup