

Practice Name:

Daniel Hernandez, M.D / Cynthia Jimmeyer, NP



PATIENT REGISTRATION FORM (Please print)

Patient Demographics section with fields for First Name, Last Name, Date of Birth, Home Address, City, State, Zip, Home Phone, Cell Phone, Email, Emergency Contact Name & Relation, SSN, Age, Sex, Marital Status, Employer, Occupation, Work Address, Work Phone, and Emergency Phone (diff. than home).

Responsible Party Info (if other than patient) section with fields for First Name, Last Name, Date of Birth, Home Address, City, State, Zip, Home Phone, Cell Phone, Relation to Patient, SSN, Age, Sex, Employer, Occupation, Work Address, and Work Phone.

Insurance Information section with fields for Primary Insurance Name, Subscriber Name, Insurance Address, Subscriber DOB, Secondary Insurance Name, Subscriber Name, Insurance Address, Subscriber DOB, Ins. Card Provided, Subscriber ID, Group ID, and PCP Assigned.

Consent for Treatment section with a paragraph of consent text for medical or surgical treatment and release of medical information.

Financial Respons. section with a paragraph of authorization text for payment and release of financial and medical information.

Notice of Privacy Practice section with a paragraph of acknowledgment text regarding the privacy policy.

Contact information section with a box for 'How did you hear about our office?' and a table for 'Circle your preferred method of contact' with options: Health Fair, Friend or Family, Insurance Assignment, Online Search, Referral, Post Mail, Text, and Voicecall.

Patient/Responsible Party Signature

Date