

Date \_\_\_\_\_

## Patient Registration Sheet

Name \_\_\_\_\_

(Last) (First) (Initial)  
Driver's License # \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: (circle one) M F Marital Status: (circle one) S M D W

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Alternate Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Occupation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse Name \_\_\_\_\_ Phone \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Emergency contact, other than spouse \_\_\_\_\_ Phone \_\_\_\_\_

### Primary Insurance (ONLY complete if you are NOT the subscriber.)

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subscriber I.D. # \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber Name \_\_\_\_\_  
(Last) (First) (Initial)

Relationship to Patient \_\_\_\_\_ Birthdate \_\_\_\_\_ Soc. Sec # \_\_\_\_\_

Address (if different than patient) \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subscriber Employed By \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Bus. Address \_\_\_\_\_ Occupation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**over**

### Additional Insurance (If Applicable)

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Subscriber I.D. # \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber  
Name \_\_\_\_\_  
(Last) (First) (Initial)

Relationship to Patient \_\_\_\_\_ Birth date \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subscriber Employed By \_\_\_\_\_ Bus. Phone \_\_\_\_\_

### **Consent for Treatment of Minors**

I hereby authorize N. Torsten Graybill, M.D. to treat the patient named above. Emergency treatment may be given in the event the patient is brought in by any person other than a guardian or parent.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_