



Primary Care  
Dr. Nadia Azuero

### **Patient Registration Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (Middle) (First)

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Sex: ☐ Female ☐ Male

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ preferred City State Zip  
Cell Phone: ( ) \_\_\_\_\_ preferred

Work Phone: ( ) \_\_\_\_\_ preferred Email: \_\_\_\_\_

Preferred Language: ☐ English ☐ Spanish ☐ Other: \_\_\_\_\_

Race: ☐ White ☐ Native American ☐ Black/African American ☐ Pacific Islander ☐ Asian  
☐ Other ☐ Decline

Ethnicity: ☐ Latino/Hispanic ☐ Other: \_\_\_\_\_

Employer/School: \_\_\_\_\_

### **EMERGENCY CONTACT**

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

Phone: ( ) \_\_\_\_\_

### **INSURANCE INFORMATION**

Primary: \_\_\_\_\_ Policy No: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Group No: \_\_\_\_\_

Relationship to Patient: ☐ Self ☐ Spouse ☐ Parent ☐ Other

Secondary : \_\_\_\_\_ Policy No: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Group No: \_\_\_\_\_

Relationship to Patient: ☐ Self ☐ Spouse ☐ Parent ☐ Other



### **PHARMACY INFORMATION**

Preferred Pharmacy: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

### **REFERRAL INFORMATION**

How did you hear about us? ☐ Friend/Family ☐ Doctor ☐ Insurance ☐ Internet ☐ Other  
Details: \_\_\_\_\_

Other physician information:

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Practice: \_\_\_\_\_  
Address: \_\_\_\_\_

### **ASSIGNMENT OF BENEFITS & ACKNOWLEDGEMENTS**

By signing below, I \_\_\_\_\_ acknowledge that:

Name

- *I have provided accurate and complete information.*
- *I authorize the release of information necessary for treatment, payment & healthcare operations.*
- *I assign my insurance benefits to be paid directly to Clinton Regional Hospital.*
- *I understand that I am financially responsible for any charges not covered by my insurance.*
- *I acknowledged receipt of the Notice of Privacy Practices.*

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

Printed Name: \_\_\_\_\_

Relationship (if not self): \_\_\_\_\_