

# Coddington Medical Family Practice, LLC

Patient Registration

Today's Date: \_\_\_\_\_

Is your visit related to either?

Motor Vehicle Accident	Yes/No
Worker's Comp Injury	Yes/No

SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender: M/F \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Marital Status: Single Married Separated Divorced Widowed

Race (circle one): White Black Hispanic AM. Indian/Eskimo Asian/Pacific Islander Other

Ethnicity: Hispanic/Latino Not Hispanic/Latino Preferred Language (Circle One): English Spanish Other

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Person Responsible for Bill/Balance on Account: \_\_\_\_\_

May we add you to our Patient Portal? (SSN # and Email REQUIRED) Yes / No Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact(s) name, phone & relationship to patient. Is it okay to release information to them? **MUST BE OVER 19** (Circle One) Yes or No

Any other person(s) to relase your information too? Yes of No (List name, phone & relationship) **MUST BE OVER 19**

## Policy Holder

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### \*\*\*Medicare Patients Only\*\*\*

Yes	No	
_____	_____	1) Are you entitled to Black Lung Benefits or VA Service Card?
_____	_____	2) Is your visit due to an accident? If so, did the accident happpen ___at work, ___at home, ___auto?
_____	_____	3) Are you covered under group health insurance?
_____	_____	4) Are you employed? If not, retirement date: _____
_____	_____	5) Is your spouse employed? If not, their retirement date: _____
_____	_____	6) Reason you are eligible for medicare: ___age 65 or over, ___disabled, ___end stage renal disease.