



**CUSTOMER SERVICE DEPARTMENT  
PATIENT REGISTRATION**

Date:	
Last Name:	First Name: <span style="float: right;">MI:</span>
Address: <span style="float: right;">Apt#:</span>	City:
State: <span style="float: right;">Zip:</span>	Telephone:
Birthdate:	Filled appropriate circle - Sample ●
<b>Marital Status:</b> Sample ● <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorce <input type="radio"/> Legally Separated <input type="radio"/> Widowed	
<b>Gender Identity:</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender/female to male <input type="radio"/> Transgender/male to female <input type="radio"/> Other <input type="radio"/> Choose not to disclose	
<b>Sexual Orientation:</b> <input type="radio"/> Lesbian or Gay <input type="radio"/> Straight <input type="radio"/> Bisexual <input type="radio"/> Something else <input type="radio"/> Don't know <input type="radio"/> Choose not to disclose	
Social Security (Optional):	Email:
<b>Preferred Language:</b> Sample ● <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other <input type="radio"/> Declined to provide	
<b>Ethnicity:</b> Sample ● <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Hispanic/Latino <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Refused to disclose	
<b>Are you covered by :</b> Sample ● <input type="radio"/> Medi-Cal <input type="radio"/> Medicare <input type="radio"/> Health Plan <input type="radio"/> Private insurance <input type="radio"/> Uninsured <input type="radio"/> Other	
Family Income: \$	Number in family:
Signature:	
Emergency Contact:	Telephone:
Relationship to Patient:	
(Staff use only below this line)	
<input type="checkbox"/> New Patient	<input type="checkbox"/> Account Number
<input type="checkbox"/> Established Patient	<input type="checkbox"/> Account Number
Staff's Name: _____	
Customer Relations Specialist : _____	