Gastroenterology & Hepatology Consultants

Patient Registration

(Please Print)

1. Patient's Full Name: _____
   Last First Middle Name Preferred
2. Sex: Male Female
3. Race: (please circle) American Indian, Asian, African American, Native Hawaiian or Pacific Islander, Caucasian, Other Ethnicity: (please circle) Non-Hispanic, Hispanic, Patient Declined
4. Patient's Social Security:_____
5. Date of Birth: _____ 6. Age: _____
7. Financial Responsibility: Patient Other: _____
8. Patient's Home Address: _____
   Street or Route City State Zip
9. Patient's Home Phone: (___) _____ Work Phone (___) _____ Cell Phone (___) _____
10. Patient's Email Address: _____
11. Primary Care Doctor: _____
12. Is the Patient Employed? Yes No
    Patient's Employer: _____
    Employer's Address: _____
    Street or Route City State Zip
13. Patient's Marital Status: Single Married Divorced Widowed(er) Legal Partnership
    Spouse Name: _____
14. Emergency Contact: Relationship: _____
    Name: _____ Telephone #: _____
    Address: _____
    Street or Route City State Zip

Insurance Information – We cannot file your insurance without complete information and a copy of your insurance cards. Please bring your insurance card with you to all appointments.

Primary Insurance Coverage

15. Insurance Company: _____ Address: _____
16. Subscriber's Name: _____ 16. Subscriber's Sex: Male Female
17. Subscriber's Date of Birth: _____ 18. Subscriber's Social Security: _____
19. Patient's Relationship to the Subscriber: Self Spouse Child Other: _____
20. Subscriber's Employer: _____
21. Subscriber's ID #: _____ Group #: _____

Secondary Insurance Coverage

22. Insurance Company: _____ Address: _____
23. Subscriber's Name: _____ 24. Subscriber's Sex: Male Female
25. Subscriber's Date of Birth: _____ 26. Subscriber's Social Security: _____
27. Patient's Relationship to the Subscriber: Self Spouse Child Other: _____
28. Subscriber's Employer: _____
29. Subscriber's ID #: _____ Group #: _____

Other Insurance: Yes No

Pharmacy: Name: _____ Address: _____ Phone #: _____