Patient Registration Form

HEALTHY LIVING PRIMARY CARE

Patient Information

Patient Information

Last Name:	First Name:	M.I.:	Previous Name (if applicable)
Mailing Address:		Apt #	
City/State/Zip:			
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			

Preferred Method of Contact for Reminder Calls and Other Electronically Generated Messages: If Voice, Please Select Preferred Number:

(Please Select Only One Option) ☐ Voice ☐ Text ☐ Patient Portal ☐ Home ☐ Cell ☐ Work

Marital Status:	Date of Birth:	Sex: ☐ Male ☐ Female
Social Security #:	Emergency Contact Name:	
Emergency Contact Phone #:	Relationship to Patient:	

Additional Information and Responsible Party

Responsible Party- If the patient is a minor (under the age of 18), the parent or guardian bringing the patient in will be listed as the guarantor

Last Name:	First Name:	
Date of Birth:	Social Security #:	Phone:
Address of Person Responsible:		
City/State/Zip:	Relationship to Patient:	

How did you hear about us? ☐ Friends ☐ Family ☐ Co-worker ☐ Insurance Website ☐ ER/Urgent Care ☐ Internet: _____ ☐ Specialist ☐ Newspaper ☐ Magazine ☐ Other _____

When you are unavailable to answer the phone, may we leave detailed voicemails about your medical treatments, care plan, test results, referrals, and prescriptions? ☐ Yes ☐ No If yes, on which phone numbers? ☐ Home ☐ Cell ☐ Work

Race (please select):
☐ White ☐ American Indian or Alaska Native ☐ Asian
☐ Hispanic ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
☐ Decline ☐ Other _____

Ethnicity (please select one):
☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Other _____

Preferred Language (please select one): ☐ English ☐ Chinese ☐ Indian (including Hindi & Tamil) ☐ Filipino/Tagalog ☐ Spanish ☐ Russian ☐ Other _____

Preferred Pharmacy Name & Location:

Insurance Information

Primary Medical Insurance	**Secondary Medical Insurance**
Ins. Co. Name	Ins. Co. Name
Policy Holder Name:	Policy Holder Name:
Policy Holder's Date of Birth:	Policy Holder's Date of Birth:
Policy Holder's Social Security #:	Policy Holder's Social Security #:
Patient Relationship to Policy Holder:	Patient Relationship to Policy Holder:

Our office uses our online Patient Portal extensively to communicate with our patients. Patients can view lab results, book appointments, request refills, update key information, pay balances, and many other functions via Patient Portal. Be sure you sign up for it.