Flora Medical Clinic, PLLC.
PATIENT REGISTRATION

Please PRINT and COMPLETE ALL SECTIONS below

Date____/____/_____

PATIENT'S PERSONAL INFORMATION

Name _____ _____ _____
(last) (first) (middle)

Address _____
(street) (city) (state) (zip)

Home Phone (_____)_____ Work Phone (_____)_____ Ext _____

Cell Phone (_____)_____ Preferred Phone Home / Work / Cell

Consent to text Yes / No Email Address _____

Birthdate ___/____/_____ Social Security# _____ / _____ /_____ Sex M / F

Occupation _____ Employer or School _____

Marital Status Single / Married / Domestic Partner / Divorced / Widowed

Spouse's Name _____ Spouse's Phone (____)_____

Race/Ethnicity _____ Primary Language _____

PATIENT'S EMERGENCY CONTACT

Name of person not living with you _____ Relationship to Patient _____

Address _____

Preferred Phone (_____)_____ Alternate Phone (_____)_____

PATIENT'S INSURANCE INFORMATION

Health Insurance Yes / No Self Pay Yes / No

Please present insurance ID card to front desk if available. Else fill out information overleaf

RESPONSIBLE PARTY INFORMATION

Responsible Party_____ Relationship to Patient _____

Birthdate ___/____/_____ Social Security # _____/ ____ / _____

Responsible Party's Address _____

Home phone (_____)_____ Work phone (_____)_____ Cell phone (_____)_____

Occupation _____ Employer's Name_____

Employer's Address _____

Flora Medical Clinic, PLLC.
PATIENT REGISTRATION

Please PRINT and COMPLETE ALL SECTIONS below

You do not have to fill out insurance information if the insurance card is presented to front desk

INSURANCE COMPANY INFORMATION

Primary Insurance Company _____

Insurance Address _____

Name of Insured _____ Birthdate ___/___/_____ Relationship to Patient _____

ID or POLICY# _____ GROUP# _____

Is this policy through an employer? _____ If yes, name of employer _____

Secondary Insurance Company _____

Insurance Address _____

Name of Insured _____ Birthdate ___/___/_____ Relationship to Patient _____

ID or POLICY# _____ GROUP# _____

Is this policy through an employer? _____ If yes, name of employer_____