

Patient Registration

Patient name		MI	Date of birt	th/	/	
Name patient prefers to be called						
Name patient prei	ers to be called		Sex 🗀 M L	⊒ F 33IV		
Address	Street	City		State	Zip	
Cell Phone		ŕ	ne		·	
		e appointment reminders 🏻 To		call		
Marital status	Married ☐ Sing	ıle □ Widow □ Significa	nt other Partner's nam	ne		
Emergency contact Best contact number						
_ ,		o patient				
Primary care provi	rimary care provider Clinic name					
Which of the follow	wing best describes	your current situation?				
☐ I live with my spouse/partner.		☐ I am retired.	☐ I live in a care facility/assisted living.		ving.	
☐ I live alone.		☐ I am currently employed.	☐ I live in a senior living community.		ty.	
☐ I live with family.		☐ I am a snowbird.	☐ I have someone designated to make my health care decisions.		nake my	
How did you find o	out about our clinic	?				
☐ Television	☐ Newspaper	☐ Patient from our clinic (whom can we thank?)				
☐ Internet	☐ Phone book	☐ Health care provider (please describe)				
☐ Radio	☐ Health fair	\square Other (please describe) $_$				
PLEASE READ CA	AREFULLY, CHECK	THE BOXES AND SIGN BELO	DW .			
□ l agree l am ι	ultimately responsil	ble for the balance of my accou	nt for services rendere	ed.		
☐ I agree to the	e Notice of Privacy	Information Practices, which d	escribes how my healt	h information	may be used	
and disclosed.	It was made availab	ole to me either in the office or	at NelsonHearing.com	ı .	·	
		form and certify this informa boxes above and give Nelson			•	
Patient Signature				Today's date		