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DIGESTIVE HEALTH *Specialists*

New Patient Registration

If you are new patient to Digestive Health Specialists please take a few minutes to complete our patient registration.

Are you being referred from another Dr? Y N

If yes, please list the doctor's name _____

Your Email Address _____

Your Name _____

Salutation Mr Ms Mrs Miss

Last Name _____ **First Name** _____ **Middle Init** ___

Address _____

_____

City _____

State _____ **Zip** _____

Sex M F

Home Phone _____ ***Work Phone*** _____

Date of Birth _____

SS# _____

Marital Status M S Other

Employer _____

Job Title _____

Emergency Contact _____

Emergency Contact Phone Number _____

Relationship of Emergency Contact _____

Primary Insurance

Does your insurance require a referral for services? Y N

Do you have a copay for your plan? Y N

If you have a copay, how much is it?

Insurance Company _____

Policy Number _____

Group Number _____

Subscriber Name _____

Insurance Address _____

_____

Insurance Phone# _____

Secondary Insurance

Does your insurance require a referral for services? Y N

Insurance Company _____

Policy Number _____

Group Number _____

Subscriber Name _____

Insurance Address _____

_____

Insurance Phone# _____

Questions to help us assist you

Are you currently on coumadin?	***Y***	***N***
Do you have a history of endocarditis or artificial heart valve?	***Y***	***N***
Do you have a pacemaker? If yes, Cardiologist	***Y***	***N***
Do you have a history of kidney problems?	***Y***	***N***
Do you have any other serious medical problems for which you are currently being treated for?	***Y***	***N***
Do you have an allergy to Latex?	***Y***	***N***