# South Forsyth Family Medicine and Pediatrics Patient Registration Form

PATIENT INFORMATION: **(ALL INFORMATION ON THIS FORM MUST BE COMPLETED)**

Patient: (Last, First MI) _____

Address: _____ Date of Birth: _____

City, State, Zip: _____ Home Phone: _____

Single Married Divorced Separated Widowed Other Cell Phone: _____

Male/Female: ___ Race: _____ Hispanic/Non-Hispanic: _____ Language: _____

SS#: _____ School: _____

Employer: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

PARENT INFORMATION: **(COMPLETE IF UNDER AGE OF 18 ONLY)**

Father's Name: _____

SS#: _____

Address: (Check if Same as Pt ____)

_____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Employer: _____

Employer Address: _____

_____

Mother's Name: _____

SS#: _____

Address: (Check if Same as Pt _____)

_____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Employer: _____

Employer Address: _____

_____

INSURANCE INFORMATION: **(ALL INFORMATION ON THIS FORM MUST BE COMPLETED)**

**Primary Insurance:** _____ Who Holds Policy? _____

ID#: _____ Group#: _____

DOB: _____ SS#: _____

**Secondary Insurance**: _____ Who Holds Policy? _____

ID#: _____ Group#: _____

DOB: _____ SS#: _____

I voluntarily give consent for my medical treatment or my child's medical treatment to the Providers at South Forsyth Family Medicine and Pediatrics. I fully understand that payment is required at the time of service and should my claims be filed to my insurance company, any unpaid balance is my responsibility. When necessary, I further authorize the release of medical records to my insurance company. In the event that the physician files to my insurance, I authorize benefits to be paid directly to the physician.

_____ _____

Signature Date

**I consent to have messages regarding tests results and appointment reminder left on the following:**

Home Voice mail Cellular Voice mail Work Voice mail

**Who can we thank for referring you to our practice?**

____ Friend: _____ ___Insurance ____: Website ____Phonebook ____Other