


RETINA NORTHWEST, P.C.

PATIENT REGISTRATION FORM

APPOINTMENT DATE _____

PATIENT INFORMATION:

Name _____ M / F
Last First M.I. Sex

Address _____
Street Address City State Zip

Phone #: Home () - Work () Cell () -
Area Code Area Code Area Code

Birthdate ____/____/____ Age _____ Social Security # _____

E-mail Address: _____

Would you like to enroll in our Patient Portal? ___ Yes ___ No ___ Already enrolled

Emergency Contact Name: _____ Phone number: _____

Race:	Ethnicity:
<input type="checkbox"/> American Indian or Native American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Declined to Answer / Not reported
<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> White	Preferred Language: _____
<input type="checkbox"/> Declined to Answer / Not reported	

Marital Status (circle one): Single Married Widowed

Work Status: _____
 Working: ___ Full Time ___ Part Time
 Not Employed / Retired
 Student: ___ Full Time ___ Part Time

If working, please provide the following:
 Occupation _____
 Employer _____
 Work Phone # () - _____

PRIMARY INSURANCE INFORMATION:

Insurance Company Name _____

Subscriber Name _____ Policy/ID# _____

Subscriber's Date of Birth ____/____/____ Subscriber's Sex M / F

Relationship to Patient _____ Subscriber's Employer _____

SECONDARY INSURANCE INFORMATION:

Insurance Company Name _____

Subscriber Name _____ Policy/ID# _____

Subscriber's Date of Birth ____/____/____ Subscriber's Sex M / F

Relationship to Patient _____ Subscriber's Employer _____

Which Doctor Referred You to Retina Northwest?	Who is Your Primary Care Physician?
_____ M.D. _____ O.D. _____ D.O.	_____ M.D. _____ D.O.
First Name _____ Last Name _____	First Name _____ Last Name _____
Address _____ City _____ State _____ Zip _____	Address _____ City _____ State _____ Zip _____
Phone# () _____ - _____ <small>Area Code</small>	Phone# () _____ - _____ <small>Area Code</small>