

Laura Wagner, Inc.

PATIENT REGISTRATION INFORMATION

Last Name: _____

First Name: _____ **MI:** _____

Sex: Male Female **Birthdate:** _____ **Social Security#:** _____

Address: _____ **C/S/Z** _____

Home: _____ **Mobile:** _____ **Work:** _____

Patient email: _____

Contact Preference: **check one** Home Phone Work Phone Mobil Phone Mail Portal

Preferred Language: English Other _____

Race: **check one** American Indian Asian Asian Indian Asian Black/African American European Filipino
 Jananese Korean Native Hawaiian/Pacific Islander White

Ethnicity: **check one** Hispanic/Latino Non-Hispanic/Latino

Marital Status: **check one** Married Single Divorced Legally Separated Widowed Partner

AUTHORIZED CONTACT INFORMATION

GUARANTOR information (to whom statements are sent) required information

Name: _____ **Relationship to Patient:** _____

Address: _____

DOB: _____ **Social Security#:** _____ **Email:** _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

EMERGENCY CONTACT information optional

Name: _____ **RELATIONSHIP TO PATIENT:** _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Additional Contacts optional check one **GUARDIAN** or **NEXT OF KIN**

Name: _____ **RELATIONSHIP TO PATIENT:** _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

OTHER

Primary Care Physician Name: _____ **Ph#:** _____

Referred by physician? Yes No **Physician Name:** _____ **Ph#:** _____

Default Pharmacy

Pharmacy Name: _____ **Phone#:** _____

Pharmacy Address: _____

Preferred Lab

Quest LabCorp Lab One Other _____ **Address if known:** _____

INSURANCE INFORMATION

Primary Insurance **Insurance Company:** _____ **We will scan your card for ID#'s.**

Member Name: _____ **Member is:** Myself Spouse Parent Other

Member Birthdate: _____ **Member SSN#:** _____ **Member Sex:** Male Female

Second Insurance **Insurance Company:** _____ **We will scan your card for ID#'s.**

Member Name: _____ **Member is:** Myself Spouse Parent Other

Member Birthdate: _____ **Member SSN#:** _____ **Member Sex:** Male Female