Huntington Health Physicians

Patient Registration Form

Patient Information

Patient Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ Primary Language: _____

Email Address: _____ DOB: _____ Doctor's Name: _____

Social Security Number: _____ - _____ - _____ Marital Status: M ☐ S ☐ W ☐ D ☐ Gender: _____

How did you hear about us? _____

Responsible Party A (please complete contact information if patient is a minor)

Name: _____ Relation to Patient: ☐ Father ☐ Mother ☐ Other: _____

Address: _____ City: _____ State: CA Zip: _____ DOB: _____

Primary Phone: _____ Secondary Phone: _____ Primary Language: _____

Responsible Party B (please complete contact information if patient is a minor)

Name: _____ Relation to Patient: ☐ Father ☐ Mother ☐ Other: _____

Address: _____ City: _____ State: ____ Zip: _____ DOB: _____

Primary Phone: _____ Secondary Phone: _____ Primary Language: _____

Primary Insurance Information

Carrier: _____ Type of Insurance: ☐HMO ☐PPO ☐Medi-Cal ☐Medicare ☐Other: _____

ID #: _____ Group #: _____ Employer's Insurance Plan: ☐Y ☐N

Name of Policy Holder: _____ DOB: _____

Gender: _____ Relationship to Patient: ☐Self ☐Spouse ☐Child ☐Parent ☐Other: _____
(if "Self" is checked, do not complete the remaining contact information in this box)

Address of Policy Holder: _____ City: _____ State: ____ Zip: _____

Preferred Phone: _____ Email Address: _____

Secondary Insurance Information

Carrier: _____ Type of Insurance: ☐HMO ☐PPO ☐Medi-Cal ☐Medicare ☐Other _____

ID #: _____ Group #: _____ Employer's Insurance Plan: ☐ Y ☐ N

Name of Policy Holder: _____ DOB: _____

Gender: _____ Relationship to Patient: ☐Self ☐Spouse ☐Child ☐Parent ☐Other: _____
(if "Self" is checked, do not complete the remaining contact information in this box)

Address of Policy Holder: _____ City: _____ State: ____ Zip: _____

Preferred Phone: _____ Email Address: _____

Emergency Contact Information

Name: _____ Relation to Patient: ☐Spouse ☐Child ☐Parent ☐Other: _____

Primary Phone: _____ Secondary Phone: _____ Primary Language: _____

Signature: _____ Date: _____ / _____ / _____
Month *Day* *Year*