



Patient Registration

Today's Date Reason for today's visit

Primary Physician Reason Primary Physician not listed Patient Unavailable Patient Undecided Do not want to identify Unsure of PCP Name

Section A: Patient Information

Patients Legal Name First MI Last

Preferred First Name

Mailing Address City State ZIP

Home Phone Cell Phone Misc. Phone # Type:

DOB Social Security # Sex M F Marital Status

Preferred method of contact: Home Phone Cell Phone Email

Email Address Preferred Language

Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pac Islander White No Reply

Ethnicity: Hispanic Non-Hispanic No Reply

Emergency Contact

In Case of Emergency, please contact

Relationship to Patient Phone: Home or Cell

Section B: Guarantor Information (Responsible Party)

If any information is the same as above, please indicate by writing "same" Patient Relationship to Guarantor

Guarantor's Legal Name First MI Last Date of Birth

Address City State Zip

Home Phone Cell Phone Social Security Number

Section C: Insurance Information

Please provide a current copy of your insurance card

Name of Insurance Carrier Patient Relationship to Subscriber: Self Spouse Child Other

Subscriber's Name

Subscriber's Social Security Number Subscriber's Date of Birth

Subscriber's Employer Subscriber's Employer's Phone

Subscriber's Employer Address

Please list any other Medical Insurance you may have

How did you hear about Lubbock Gastroenterology?