

**MIDWEST CHEST CONSULTANTS, P.C.
REGISTRATION FORM**

PATIENT INFORMATION

Patient Name: (Last) _____ (First) _____ (MI) _____

Address: _____ (City) _____ (State) _____ (Zip) _____

Date of Birth: ____/____/____ Soc Sec #: _____ Sex: M F

Phone #: Home: () _____ Cell Phone: () _____ Work: () _____

E-Mail: _____ @ _____

Preferred method of appointment reminders and patient contact: (Circle all desired): Cell Text Phone Call E-Mail

Race (optional) _____ Primary language _____

Spouse's Name: _____ Date of Birth: ____/____/____

Marital Status: Married Single Divorced Widowed

Patient's Employer: _____ Phone: () _____

Emergency Contact: _____ Relationship: _____ Phone #: () _____

MEDICAL INFORMATION

Primary Care Physician: (Last) _____ (First) _____

Phone #: () _____ City: _____ Last Seen: _____

PATIENT INFORMATION RELEASE (HIPPA REQUIRED)

Home Phone #:

OK to leave message with detailed information **OR**

OK to leave message with call back number only

Cell Phone #:

OK to leave message with detailed information **OR**

OK to leave message with call back number only

I wish to be contacted first by: Home Cell Work Text E-Mail

OK to discuss medical information with: _____ **OR**

(Please list names and relationships)

Do **NOT** give out any information, even to family, unless specifically authorized. Medical information will be released to your primary physician and insurance company.

INSURANCE RELEASE INFORMATION

I hereby authorize the office of Midwest Chest Consultants, PC to release my insurance company any necessary information needed to file and expedite payment on my claim. I further assign any benefits payable on my behalf to my physician. I understand I am financially responsible for any balance not covered by my insurance carrier. In the case of a returned check there will be and additional \$25.00 charge. I acknowledge the above information to be accurate.

PATIENT SIGNATURE: _____ DATE: _____

RESEARCH: Would you like to hear about how our research program may benefit you? Yes No (Circle one)

