

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: \_\_\_\_\_ @ \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: Married Single Divorced Widowed

Race: \_\_\_\_\_ (optional) Primary Language: \_\_\_\_\_

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 an additional \$25.00 charge. I acknowledge the above information to be accurate.

**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

