

# NORTHWEST ALLIED PHYSICIANS PATIENT REGISTRATION FORM (front)

|   |            |                               |                                 |              |                   |
|---|------------|-------------------------------|---------------------------------|--------------|-------------------|
| Social Security Number  |            | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Today's date |                   |
| Patient Name (please print): First  |            | Middle                        |                                 | Last         |                   |
| Street Address  |            | City                          |                                 | State        |                   |
| (Apt, space, etc)   | Zip Code   |                               | Patient's Primary Care Provider |              |                   |
| Date Of Birth   | Home Phone |                               | Cell Phone                      |              | Other Phone       |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other:   |            |                               |                                 |              |                   |
| Email address:  |            |                               |                                 |              |                   |
| How did you hear about us?  |            |                               |                                 |              |                   |
| <input type="checkbox"/> Advertising <input type="checkbox"/> Primary Doctor <input type="checkbox"/> Specialist Doctor <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Patient <input type="checkbox"/> Hospital |            |                               |                                 |              |                   |
| Employer Name   |            | Address                       |                                 | Work Phone   |                   |
| Are you a new patient to this office? <input type="checkbox"/> Yes <input type="checkbox"/> No  |            |                               |                                 |              |                   |
| Are there any other family members in this household with a NW Allied Physician primary care physician? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them below if they have same address:        |            |                               |                                 |              |                   |
| First Name  | Middle     | Last                          | Date of Birth                   | Relationship | Primary Physician |
| 1.  |            |                               |                                 |              |                   |
| 2.  |            |                               |                                 |              |                   |
| 3.  |            |                               |                                 |              |                   |

*If patient is under age 18, clinical correspondence will be mailed to parent/guardian at patient's address unless otherwise directed:*

| Emergency Contact Information   |        |                        |  |
|---|--------|------------------------|--|
| Contact is: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other: |        |                        | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| First   | Middle | Last                   |  |
| Day Phone   |        | Evening Phone or other |  |
| Address   |        |                        |  |

### ADVANCE DIRECTIVES:

Does patient have a Living Will?  Yes  No \_\_\_\_\_  
If Yes, where is document kept?

Healthcare Power of Attorney?  Yes  No \_\_\_\_\_  
If Yes, list name & contact phone number

Would you like information about Living Wills and Healthcare Power of Attorney?

I have been offered a copy of NW Allied Physician's "Notice of Privacy Practices"



